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ABSTRACT

The manual contains instruction for behavioral assessment of developmentally disabled, moderately and severely retarded individuals. Each unit includes the following information: a goal statement, specific behavioral objectives, and approximate time required to read the unit and complete all the exercises. Among the topics discussed are task analysis, data collection, and examination of a student record file. The first of two supplements provides information on formal tests, including the Stanford-Binet and the Vineland Social Maturity Scale. The second supplement, a revised case study manual for community centered programs for mentally retarded and seriously handicapped persons, provides examples of such records as medical histories, psychological evaluations, and parent-teacher conference reports. (CL)

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ASSESSMENT

DESIGN

IMPLEMENTATION

TESTING

A Plan for Developing Instructional Personnel of the Moderately and Severely Retarded

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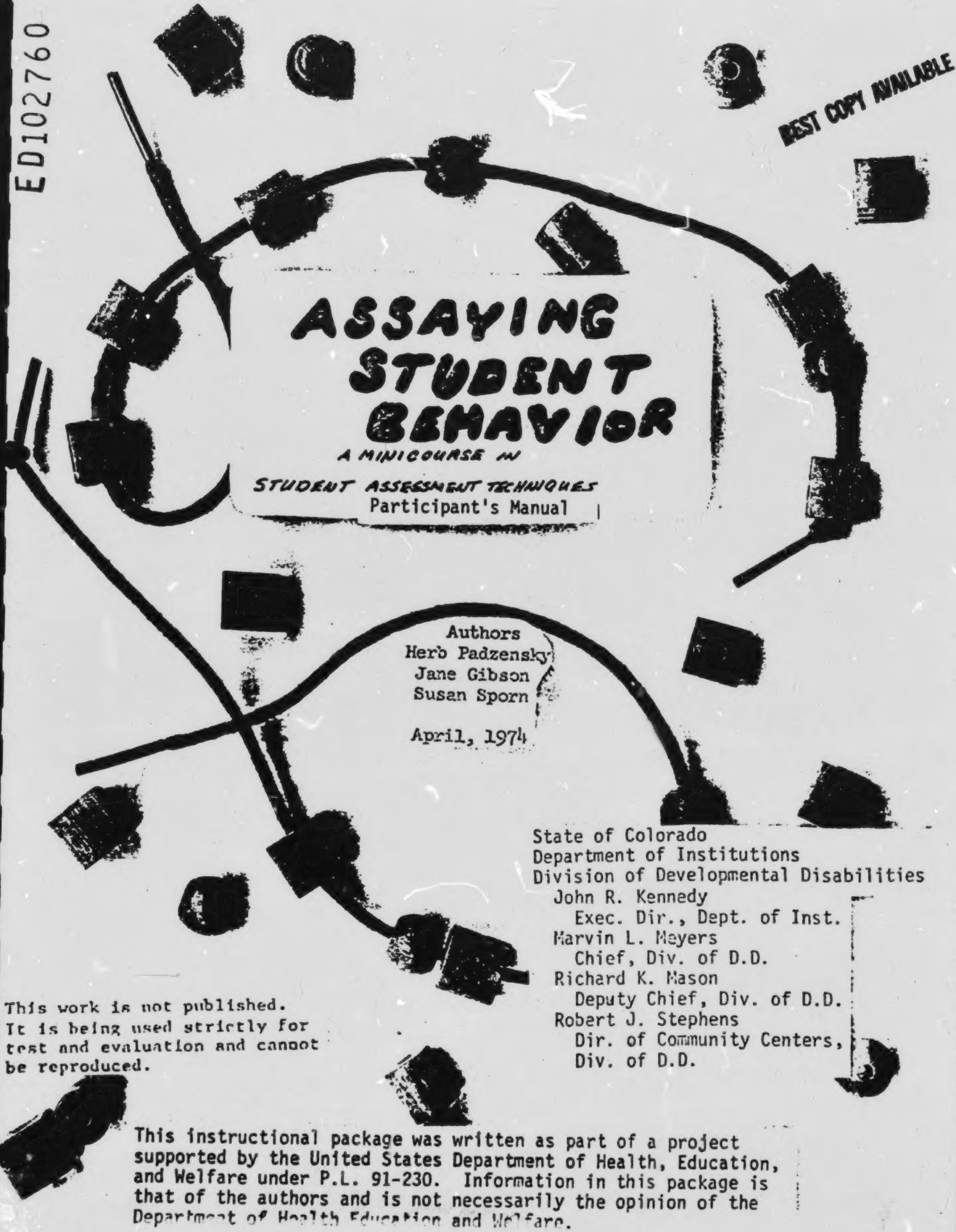

ASSAYING STUDENT BEHAVIOR

A MINICOURSE IN STUDENT ASSESSMENT TECHNIQUES

Participant's Manual

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April, 1974

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A NOTE TO THE READER

A prescriptive program for any developmentally disabled individual requires a great deal of aggressive and scientific planning on the part of instructional personnel. This cannot be accomplished by the usual "hippocket" methods and through completing a series of general survey courses, or by merely reading texts such as this one. Instructional personnel must become physically, emotionally, and mentally involved in the total process of learning which includes practice and application as well as having the basic knowledge.

Who Should Be Concerned with the Contents of This Package?

Student assessment is a competency required of anyone responsible for the instruction of individuals. It is especially critical for those working with the severely disabled and handicapped.

This instructional package has been designed to be used for inservice programs and for independent study. Therefore, the package has applicability for the practicing professional as well as the college student.

About This Instructional Package

The total package includes: Participant Manual, Workbook, and Instructor's Manual. The Participant Manual contains all the instruction required for successful completion of the material. The Workbook has exercises which allow the participant to practice what has been learned and a Criterion Assessment Examination to determine whether the information gained can be applied. The Instructor's Manual includes answers to the Workbook exercises and answers to the Criterion Assessment Examination.

The Participant Manual is divided into six units. Each is designed to develop a discrete set of skills. The first page of each unit contains:

a goal statement, specific objectives, and approximate completion time required to read the unit and complete all the exercises. The Manual also includes very clear explanations of each workbook exercise so the participant can determine level of understanding immediately.

Unit I: Your Introduction to Student Assessment. After completing the unit, the participant will be able to justify the use of student assessment, know the differences between and the uses of formal and informal assessment, and determine how student data is derived.

Unit II: Use of Formal Assessment to Evaluate a Student. This unit teaches the participant about several formal tests as they relate to the approved American Association on Mental Deficiency's definition of mental retardation. Supplement A provides additional information to help participants gain further understanding of formal test data for instructional use.

Unit III: Pinpointing and Tracking with Informal Assessment Procedures. The participant learns how to use task analysis and entry level skills to pinpoint student ability levels. This unit also provides instruction in assessing learning modalities, learning styles, and appropriate reinforcers.

Unit IV: Collecting and Reporting Assessment Data. Unit IV gives instruction in how to collect and report informal assessment information.

Unit V: Case Study Folder Information. The student record file, always a mystery, is examined in detail to determine information of instructional relevance. Supplement B, a working set of case study forms, is keyed to the unit to provide a model file and help the participant understand the way information should be prepared and maintained.

Unit VI: OK, Let's See How It All Goes Together. The unit becomes very important since it requires the participant to use assessment techniques in examining the success or failure of instructional activities.

Remember, the intent of this instructional package is to provide an opportunity to develop competency in student assessment, and not to provide a reference book on curriculum.

Every effort has been taken to make the learning process as entertaining as possible through the use of a combination of narrative information and informal dialogue. The main characters of the dialogue are Ms. Teachless, Ms. Doless, Mr. Middle, and the Administrator. They are not real people, but a combination of many teachers and administrators. Comments and questions of the characters are drawn from the author's notes on conversations with practicing teachers and administrators.

The Manual allows the readers to pace their own speed. Participants are cautioned not to be fooled by apparent simplicity of the material. There is considerable information packed into the few pages of the Manual. The best advice is to go slowly and refrain from looking back in the text for information until the questions in the Workbook have been answered. Now enjoy yourself while learning.

GOOD LUCK AND BEST WISHES
UPON DEVELOPING AND USING
THE SKILLS OF STUDENT
ASSESSMENT.

UNIT I: Your Introduction To Student Assessment

Unit Goal

Individual will understand the concepts of student assessment.

Unit Objectives

1. Individual can define the assessment terms, formal assessment and informal assessment.
2. Individual can state the three reasons for student assessment.
3. Individual can state the differences between formal and informal student assessment.
4. Individual can determine when to gather student information by either formal or informal methods.
5. Individual can determine whether student information is derived by formal or informal methods.

Unit Content

Laying the Foundation

A New Student? Oh, *!'/?+*

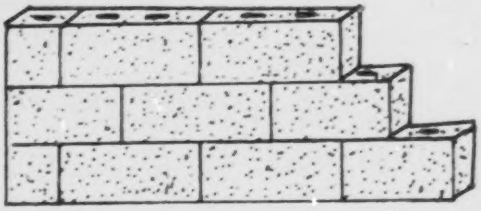
Formal vs. Informal

A Final Clue

Average Worktime

2 Hours

Laying the Foundation



Most of us have some idea about what we mean when talking about student assessment. However, if pinned down to a specific definition, the meaning of the term becomes as varied as the number of people questioned.

In order for everyone to have the same foundation, it is necessary to define what is meant by student assessment.

DEFINITION OF STUDENT ASSESSMENT:

THE ACTIVITY OF GAINING KNOWLEDGE ABOUT AN INDIVIDUAL'S PAST AND PRESENT BEHAVIOR, WHICH IN COMBINATION WITH OTHER KNOWLEDGE ABOUT BEHAVIOR IN GENERAL, IS USED TO MAKE SPECIFIC DECISIONS ABOUT THAT INDIVIDUAL'S PROGRAM.

THE ACTIVITY OF GAINING KNOWLEDGE ABOUT AN INDIVIDUAL'S PAST AND PRESENT is carried out by a single person or persons studying an individual through direct examination of performance or by indirect examination obtained through informants. In this instance, "knowledge" refers to how the individual performs on any task(s) being evaluated.

IN COMBINATION WITH OTHER KNOWLEDGE ABOUT BEHAVIOR IN GENERAL is more than a collection of individual information. It includes reliance on criteria from examiner's manuals, professional opinions, observations, and teacher records.

IS USED TO MAKE SPECIFIC DECISIONS ABOUT THAT INDIVIDUAL'S PROGRAM may include recommendations offered by professionals who provide the data.

Program decisions should be made only after all necessary assessment data are collected and combined with other available knowledge.

There are two types of student assessment.

Formal Assessment

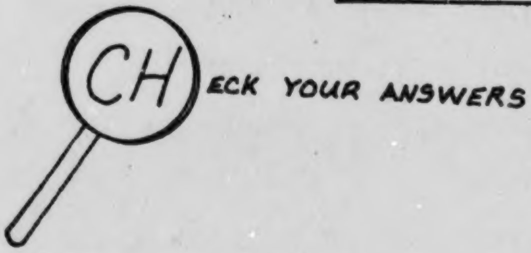
The procedure of collecting data using a device which has been standardized on a large sample population for a specific purpose and which has a set of directions that must be followed closely during administration and for reporting results.

Informal Assessment

The procedure of collecting data using either a formal assessment device with one or more conditions unmet or a nonstandardized device which serves a specific purpose.

It is very important to understand these definitions now since they will be referred to throughout the rest of this package. Problem I in the workbook has been designed to help clarify your understanding. After you have finished the problem, return to this manual and check your answers.

USE WORKBOOK - ANSWER PROBLEM I

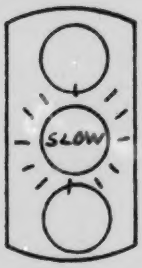


1.a. True The definition states it is the "activity of gaining knowledge about an individual's past and present," but making decisions about program is for future efforts.

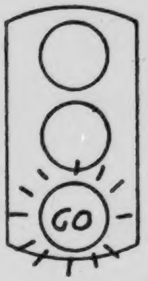
b. True This is the type of information referred to in the definition as "in combination with other knowledge."

c. True	This is an important method used to collect information about a student and family.
d. True	Definitely! Probably the most specific individualized data is the kind a teacher can provide.
e. False	Without comparing formal test results with other knowledge, such as performance levels established by the instructional setting and growth and development patterns, the instructional program will lack accuracy.
2.a. Formal	This statement defines formal assessment techniques.
b. Informal	Only in rare instances do teacher-made tests become standardized on a large population; therefore, teacher-made tests are almost always informal assessment devices.
c. Both	Two kinds of student data are being offered in this statement. The first is formal assessment data; the second is informal assessment data.
d. Informal	Using a formal assessment device to determine something other than what it is intended to measure is an informal assessment technique.
e. Both	A complete student assessment file includes both formal and informal collection methods.

If you have made any errors, go back to the workbook and make the corrections.



If you can't decide whether data is derived formally or informally, just accept it as input by a professional; you can challenge it later as you become more adept. Remember your responsibility is to read student assessment information as critically as possible in order to determine the best individualized instructional programs.

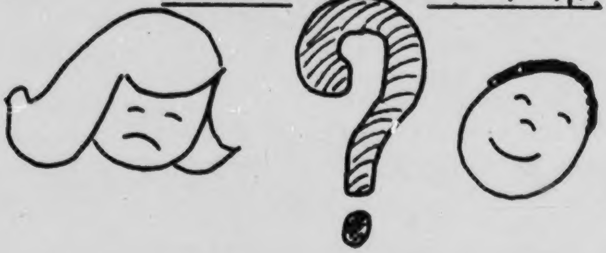


As you read further, there will be a few new terms. Hopefully, all of these will be defined for you at the time. If a term is not explained, ask your instructor, look in other books, or discuss the term with your fellow participants. But, NEVER pass over a word without some reasonable understanding of it.

Let's dig into the real meat of the manual. Have fun with it! You are even allowed to laugh at yourself outloud if you identify with any of the characters.

A NEW STUDENT?

OH, *!'/?+*.



Many of us have found it necessary to provide a meaningful program on the spot for a new student. This experience is common to all of us whether we are seasoned veterans or rookies.

The following dialogue is so often the rule rather than the exception. It also gives us the opportunity to introduce you to our star performers: Ms. Teachless, Ms. Doless, Mr. Middle, and the Administrator.

Staff Meeting Agenda

1. Minutes from the Board meeting
2. Working with Student Objectives
3. Parent correspondence
4. Administrator's pep talks
5. Lunchroom duties

*6. New Students

The Administrator is concluding the weekly staff meeting by telling about a new student, Johnny Jones, who will be entering soon.

".....and, according to his age, Ms. Teachless, he will be placed in your class. We just received his case study folder. If you read the folder, it will tell you all about him."

Ms. Teachless frowned. "Another child so soon? I am still trying to learn about my other students, and now I get another one. OK," she sighed. "I'll do my best."

"I can't see why you are so worried about all the junk in this folder," replied Ms. Doless. "I haven't even looked at my files yet and no one seems to complain about my teaching."

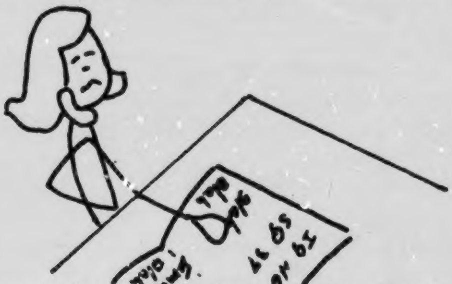
"Besides," she continued, "all these case records do is influence my judgment. Remember the teacher's comments in that folder I showed you last year? She only told about how hard the child was to manage and how the parents didn't care."

"Sometimes I read them and sometimes I don't," added Mr. Middle. "I sort of agree with Ms. Doless. It usually doesn't matter much whether you read the information or not."

"Really! You two!," scolded Ms. Teachless.

"Look at all this stuff collected by doctors, psychologists, social workers, specialists, and teachers who took time to write evaluations. Having all this information should help me plan the best possible program for Johnny.

"I only wish I could understand what it means."

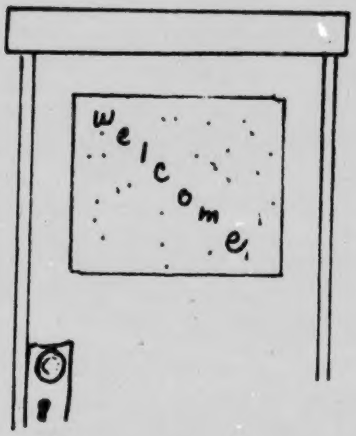


Ms. Teachless has made a very important point about the value of student assessment. She wants to provide the best possible instructional program with the least amount of wasted time.

Ms. Doless said she has not read the student folders because it could influence her thinking. Actually, student information is supposed to influence thinking. The data contains information of great importance to efficient classroom planning.

Teachers, in avoiding the use of student data, may be attempting to hide their own inability to understand the information. If so, Ms. Teachless may be the only teacher in the group who admits to her lack in the competency required to effectively use student assessment information.

The next day...



The conversation with her fellow teachers bothered Ms. Teachless so much that she made an appointment with her Administrator.

The Administrator greeted Ms. Teachless, "Come in. What can I do for you?"

"Well," she hesitated, "I was thinking about the meeting yesterday and what the other teachers said. And, how you stressed using the case study folder....."

"And they told you how useless student information really is. I suppose to some degree they are correct. But that doesn't mean to give up the ship.

"I was expecting you to come in, so I collected some things to help you understand the reasons for student assessment more clearly.

"There are many sources of student information. The case study folder is just one of them.

"The student case study folder is usually the first contact a teacher has with a new student and contains a running commentary about him. Now that Johnny will be in our school we will be adding to it for the teacher of the next program he enters.

"Here, read this," the Administrator said, handing Ms. Teachless a report.

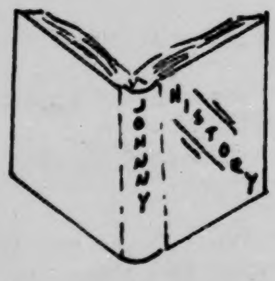
Reasons for student Assessment Report

Reasons for Student Assessment Information

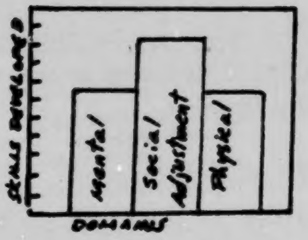
There are many reasons for having adequate assessment information on each student in your classroom. These are some of the more important for instructional personnel to remember.

Assessment information provides:

1. A developmental history of the student.



2. A look at current functioning level of the student.



3. An ongoing means to measure student growth.

The report continued...

All information about a student should be written into the case study folder. The purpose is to maintain a reference record for other professionals. Remember, you are not, nor will be, the only person to work with the student.

Consider this for a moment, a physician specializing in heart disorders would be foolhardy if he provided treatment before checking previous assessment information by other doctors. The doctor has no time to do a lengthy assessment. He needs to know every little thing about that patient. Therefore, he must rely on the opinions and assessments of other doctors in making his own treatment decision.

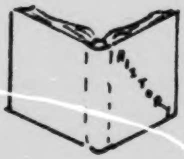
Teachers, like physicians, do not have time to do all their own assessments. They must rely on some previous data on which to base their decisions.

Teachers who do not read information in the case study folder are working under the severe handicap of having to make guesses about program without having appropriate previous knowledge. This is like having no case study folder at all.

Ms. Teachless laid down the report. "I think I can name the three reasons for having student assessment information. But, I'm not sure I can define them."

"Read the last page of the report," assured the Administrator. "It can give you the ammunition to discuss the reasons more fully. No doubt you can think of more."

1. Assessment Information Provides Developmental History of Student.



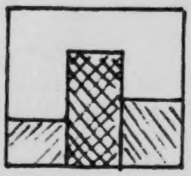
The developmental history includes information regarding the student's past medical history and physical growth, personal and family social background, and a record of past instruction and treatment programs.

Medical and developmental data are the yellow flags of caution, important for the protection of the student's health.

The social background information provides clues to parent-school interactions.

The past instructional and training information serves three purposes. First, it includes records of developed student skills. Second, it describes the methods used by previous professionals. And, third, it provides a listing of previous agencies which have been responsible for the student's training.

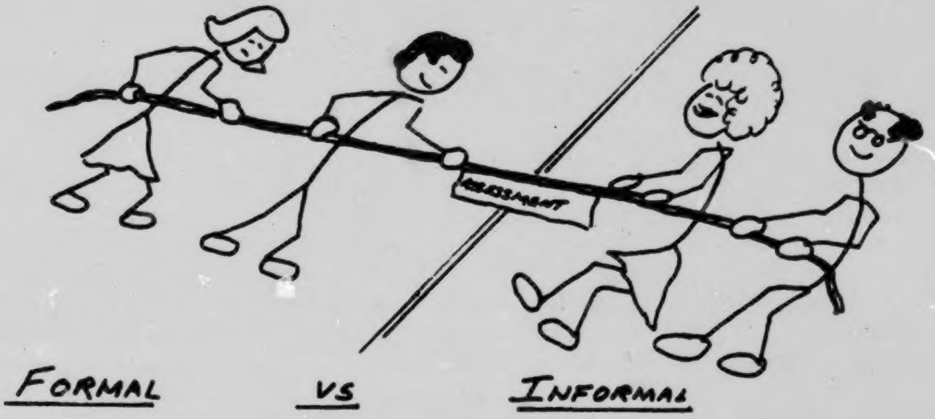
2. Assessment Information Provides a Look at Current Functioning Level of Student.



Knowing a student's strengths and weaknesses, likes and dislikes, and emotional wellbeing allows a teacher to plan activities which provide an optimum environment for learning. In addition, there are many skills a student must learn before assuming even a small degree of independence. Having knowledge of how a student is currently functioning reduces the possibility of spending valuable instructional time on skills that already have been learned.

3. Assessment Information Provides an Ongoing Means for Measuring Learning Growth of Student.

By keeping continual data, the teacher can decide whether a program is effective or should be changed, and at what rate a student's skills are being developed.



Ms. Teachless is still in the Administrator's office. You may be as concerned about this concept as she is. Read along and see if the following dialogue can help clear up your problems as well as hers.

> "You know," thought Ms. Teachless. "Those teachers are wrong. They should be more concerned about assessment information, especially the data in the student case study folders. But...how do I avoid being influenced in the wrong way?"
>
> The Administrator responded, "You definitely need to read the scores on the tests. There is a lot of value in them. However, reading the rest of the information is just as important.
>
> "Assessment is much more than a series of scores from some recognized tests."

Right on, Administrator! Assessment is a whole lot more. There are really two methods of student assessment. It can be done formally or informally. Both types have their purposes and rules of use.

> "Do you know the difference between the terms formal and informal assessment?" asked the Administrator.
>
> "I guess the difference is that any information derived from standardized tests like the Stanford-Binet can be considered formal assessment and anything else is informal assessment," responded Ms. Teachless.
>
> "It is a little more complicated than that. Three rules must be met in order for information to be considered as part of formal assessment.

"Rule One, the assessment tool must have a standard set of directions which must be followed closely. This may mean that the device can only be given by a qualified examiner.

"Rule Two, the assessment tool must be a standardized test using a large sample population. A great deal of research goes into the development of a formal test. The researchers try to determine if the device tests what it is supposed to test. The term for this is called 'validity.' They also try to set up the directions and examples so that you can be sure the scores reported are accurate. This is called 'reliability.' A test with validity and reliability means you can have a lot of confidence in the results reported.

"Rule Three, results of scores must be discussed according to the directions in the tester's manual. When an intelligence test is given, the directions in the tester's manual pertain only to scoring of intelligence. When other topics are discussed, such as emotional disturbance, they cannot be considered as formal assessment information.

"Any variation in these three rules makes the information informal. For example, in the Weschler Intelligence Tests, intelligence score interpretations are specifically outlined in the test's manual. Many times, however, these scores are used to point out problems of emotional disturbance. Any discussion of emotional disturbance would be informal assessment data since this is not specifically outlined in the manual.

"This chart on the wall tells what we have just discussed. It explains when data is formal and when it is informal."

Rules for Determining Whether Assessment Is Formal or Informal

Formal Assessment (Must Contain All Three Rules)	Informal Assessment
Directions that are followed very closely by the tester.	Use of a formal test with one or more exceptions to the formal assessment rules.
Standardized on a large sample population.	Scores, results, or conclusions derived by observation.
Scores reported according to directions in the test manual.	Scores, results, or conclusions derived from nonstandardized tests.

"Remember," added the Administrator, "a formal test can provide informal information when observational data is reported or the test is administered with one or more exceptions to the rules stated in the test manual. Another point to remember is that student assessment is considered informal if it does not adhere to the rules of formal assessment. Informal procedures include teacher-made tests, checklists, and analyzing step-by-step programs."

This is a good time for us to stop. Review the purposes and rules of assessment; then do the workbook exercise.

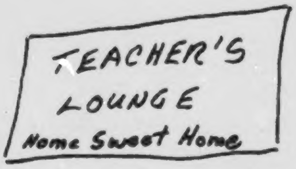
USE WORKBOOK- ANSWER PROBLEM II

CHECK YOUR ANSWERS

1. a. Assessment information provides developmental history of student.
   b. Assessment information provides a look at current functioning level of student.
   c. Assessment information provides an ongoing means for measuring learning growth of student.
2. The three rules are (the exact wording is not necessary):
   a. Directions that are followed very closely by the tester.
   b. Standardized on a large sample, or standardized for validity and reliability.
   c. Scores reported according to directions in the test manual.
3. Any of the following are acceptable answers:
   a. The use of a formal test with one or more exceptions to the assessment rules.
   b. Scores, results, or conclusions derived by observation.
   c. Scores, results, or conclusions derived from nonstandardized tests.
   d. A formal test given by an unqualified tester.
   e. Test information derived from teacher-made tests.
4. a. The scores reported pertain to intelligence, or the information reported is an IQ score.
   b. The tester suggested certain student difficulties such as emotional problems, hearing loss, or brain injury.

FORMAL
?
INFORMAL

Now that you have become familiar with the purposes and rules of formal and informal assessment, you may ask when it is appropriate to use each. The following discussion may help to answer this.



> Ms. Teachless has just finished explaining her meeting with the Administrator to Mr. Middle and Ms. Doless.
>
> Ms. Doless stated, "Why can't we just use formal tests for all student assessments? Then we can be sure all our records are accurate. There are so many tests published and I am sure it would be no problem to develop a set that fits all our needs."
>
> "That seems like a good idea," added Mr. Middle. "Then we could have the psychologist do all our testing. That would certainly make our work easier."
>
> Ms. Teachless suggested, "I suppose there are enough different kinds of formal tests to fit all our needs. But, I don't know about leaving all kinds of assessments to the psychologist. It seems that we need to do assessments in our classroom, especially since we are the ones who spend a good part of the day with the students.
>
> "Anyway, I tried to get the psychologist to retest one of my kids last year. It took three months to get him to the school, and he only spent four hours with the child. That's no longer than I spend with the child in one day!"

Ms. Teachless is right on track. She is with the students most of the day and has very valuable input. With training, a teacher can perform many formal and informal assessments.

Formal assessment is not the only way. A balance of formal and informal assessment data is necessary to provide an adequate knowledge base about the student. The following discussion is a summary of the differences between assessment and should make the points clearer.

Formal Assessment

Formal assessment provides general information. This information can be used to screen students for placement. Often learning disabilities are first discovered by using formal tests in such a screening process. Many visual and auditory handicaps are discovered by school screening programs.

Formal assessment scores provide data allowing comparisons between individuals and/or groups. This concept is very important for planning future program activities and improving current programs. Through comparisons of individuals with similar handicaps or in similar programs, predictions of future performance can be made.

Formal tests often lend themselves to informal interpretations. Caution in the use of informal interpretation by an inexperienced examiner must be emphasized. Informal interpretations by an experienced examiner can be considered important data. An example of using a formal device informally would be to modify the directions for administration of the Illinois Test of Psycholinguistics Abilities (ITPA) by allowing additional time for response or by adding additional verbal prompting.

Formal assessment tests have accountability factors that make them a required part of an assessment battery. Many state statutes and departmental policies require their use for program placement. For example, certain programs require a specific degree of mental retardation before placement in a special class is possible, and certain specific handicaps must be homogeneously grouped for state support.

Informal Assessment

Informal assessment can provide very specific information for designing individualized programming, and thus, can be more efficient than formal assessment. A teacher's concern may be the student's knowledge of certain safety words. The teacher may develop the desired list of safety words as an informal device and test the student's knowledge of them.

Informal assessment can be administered with a minimum of testing background. Many formal tests require a great deal of practice and sometimes specialized endorsement as well. While informal testing can be very technical, it can be modified to meet the skill level of the person doing the assessment.

Informal assessment is flexible. Administrative directions may be varied according to student needs. You may discover in the process of assessment some clues to probe deeper to gather additional information. This is acceptable when using informal assessment techniques.

Informal assessment tests are usually inexpensive. For example, you may want to test a specific student skill only once or twice. The time spent finding a suitable formal test and the actual cost of the device may not match the benefits. Most informal devices require only the materials at hand such as balls, paper, pencils, etc.

Before deciding this is too complicated to understand, think about examples from your own experiences. The difference between the use of formal and informal assessment should not be that new to you.

Most individuals get mixed up with the terms formal and informal. In common language, the word formal means structured; informal means casual. Think of the terms in this manner and you will be consistent with this manual's interpretation. Remember, formal means something that cannot be altered regardless of the situation. Therefore, a formal test must be designed to meet a wide variety of general needs. On the other hand, informal tests can be designed on the spot and can be used to meet very specific needs.

The following cue chart is provided to show the differences between formal and informal assessment.

Cue Chart

Formal Devices	Informal Devices
1. Usually provide general information. Example: Can or cannot add numbers.	1. Usually provide specific information. Example: Can or cannot add pairs of one digit numbers.
2. A. Allow comparison between individuals in the same program. Example: According to State and national norms, how well are students in your class progressing? B. Allow comparisons between individuals at different developmental levels, and groups in different programs. Example: What can be expected of an individual one year from now if everything remains the same?	2. Allow comparison of an individual or groups at different points of a specific program. Example: How well is each individual doing in a program specifically designed to meet their needs?
3. Provide standardized scoring and interpretations. Example: An IQ test score means the same to everyone.	3. Provide examiner scoring interpretations. Example: An IQ test score ca be interpreted as too low because of certain problems affecting the student.

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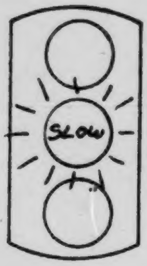
Cue Chart (continued)

Formal Devices	Informal Devices
4. Require standard administration procedures. Example: If a test item requires a response to be made in five seconds and the student takes 10 seconds, the record must show a "no score" on that item.	4. Provide flexible administration. Example: The examiner may decide to vary the length of time it takes a student to make a response.
5. Offer a set degree of confidence in the data. Example: You have noted a student does not pay attention. He is given a standardized audiometric examination and found to have a moderate hearing loss.	5. May not provide consistent or accurate information. Example: A student is observed only three times; each time he is not paying attention. He may or may not have a problem with paying attention. It would be inaccurate to plan a program on the basis of only three observations.
6. Are the devices most often required by law or policy for purposes of program placement. Example: Placement in a certain mentally handicapped program requires an approximate IQ range between 50-75. Higher or lower scores demand other placement possibilities.	6. May be implied by law or policy but are not required. Example: The law may suggest that teacher observation be included in placement information
7. Usually provide more data than teacher needs. Example: The motor development device tells a whole range of strengths and weaknesses.	7. Test only the areas of teacher concern. Example: The teacher cannot provide a program to meet all of a student's needs. Therefore, records need to be kept only on the training program being provided.
8. Often require specialized training for administration and interpretation. Example: Most IQ tests require specialized training. Certain developmental tests can only be properly administered by an occupational therapist or physical therapist.	8. Require a minimum of testing and interpretation skill. Example: An informal test can be designed by the person using it and is therefore within that person's skill range of assessment techniques.
9. Are not always easily available. Example: You may need to use a special motor-kinesthetic test but the problem area is so specific and rarely examined that your agency does not have the device.	9. Are easily available. Example: If the device is not available, you can make one up.

Cue Chart (continued)

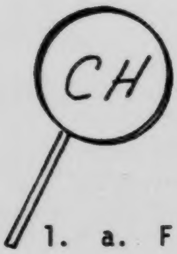
Formal Devices	Informal Devices
10. Are often expensive. Example: Many formal devices cost over $50 to purchase.	10. Are usually expensive. Example: Most informal devices use materials at hand, since they relate directly to the instructional program.
11. Lend themselves to administrative needs. Example: Since formal devices provide general information, the agency administrator can use the data in relation to the average student needs and therefore plan a smooth continuum of services.	11. Lend themselves to classroom needs. Example: The specificity of informal devices relate directly to instruction which will be different for every student.
12. Are sample behaviors compared to group norms. Example: The purpose of standardization is for comparative purposes either with the normal population or with specialized groups. The behaviors being sampled may have little to do with the actual classroom instruction.	12. Are samples of specific individual behaviors. Example: The items on an informal device should always lend themselves to sampling specific behaviors actually being taught rather than to making comparisons to other populations.



You have been bombarded with one whole lot of information. Before doing Problem III in the workbook, review the rules, purposes, and differences between informal assessment.

Remember, it isn't so difficult if you relate the information to some real experiences.

USE WORKBOOK- ANSWER PROBLEM III



CHECK YOUR ANSWERS

1. a. F Refer to rules for determining whether assessment is formal or informal on page 1.13.

b. I Refer to explanation of informal assessment on page 1.16.

c. I Scores reported by a psychologist are formal but his observations are informal.

d. I Refer to the rules for determining whether assessment is formal or informal on page 1.13.

e. I Refer to rule 2 on the Cue Chart on page 1.17.

f. F or Both Refer to rule 6 on Cue Chart.

g. I Refer to rule 1 on Cue Chart.

h. F Refer to explanation on formal assessment, page 1.16.

2. a. F Any statewide student needs system requires validity and reliability. Although some informal assessment devices have good validity and reliability, this is not required as with formal assessment devices.

2. b. Both A quality, individual prescriptive plan is based on all available information about that student. Using a single assessment device, whether formal or informal, cannot provide enough data.

c. I The statement is taken directly from the Cue Chart.

d. Both In real situations a prospective student is sometimes identified by trained observers and parents. However, it is a very common event to have many students who have learning problems identified through formal screening tests provided by Public School assessment teams.

e. F The clue here is "National." If a student placement is made according to a National assessment tool, chances are it is based on standardized information.

f. I Observations this specific must be made on an individual basis. Formal devices may allude to areas of concern but would become too cumbersome to include everything.

g. I Informal tests are usually shorter and cheaper. This is simply because it is not necessary to pay for copyrights and you can focus on only what you really want to know.

h. F If you missed this point, see Statement 1 of the Cue Chart.

i. I or Both The answer is probably "informal." But, if you chose to mark "Both" consider your answer correct. There are many formal assessment devices that are easy to administer accurately with a little practice.

j. I or Both Most formal devices do not allow for observations under more than one or two different conditions. But, if you said both it is all right.

A FINAL CLUE

Reviewing the Cue Chart again, Ms. Teachless frowned. "How do I know what information in Johnny's case study folder was determined by formal or informal means?"

This usually is not difficult to determine, Ms. Teachless, once you become familiar with certain formal tests. It becomes confusing when the examiner reports scores from formalized tests but does not indicate if the directions were altered. When in doubt, ask the tester. There will be further discussion of this point in Unit II.

You have just completed Unit I. Forming a good understanding of student assessment concepts, which include both formal and informal procedures, is vital to your own feeling of success throughout this manual. From now on the message will flow hot and heavy.

Before attempting Unit I assessment, review the following questions.

1. What is student assessment?
2. What are the differences between formal and informal assessment techniques? Can you give examples?
3. When should you use formal or informal devices?
4. Can you tell what student data is provided by informal or formal means? Can you use examples from a student you are familiar with?

USE WORKBOOK - ANSWER UNIT I ASSESSMENT

Unit II: Use of Formal Assessment to Evaluate a Student

Unit Goal

Individual will become knowledgeable in the use of formal assessment devices.

Unit Objectives

1. Individual can explain in writing implications of the mental retardation definition from the American Association on Mental Deficiency's Manual on Terminology and Classification in Mental Retardation.
2. Individual can list and describe two formal assessment devices that test intellectual functioning suitable for use with the developmentally disabled.
3. Individual can list and describe three formal assessment devices that measure adaptive behavior which are suitable for use with the developmentally disabled.
4. Individual can describe the kind of information developed by the use of five selected formal assessment devices.
5. Individual can define the following terms: SQ, IQ, MA, CA, PLA, SD.

Unit Content

Setting the Stage

Getting on Track

Tests to Measure Intellectual Functioning

Stop! Let's Do Some Reviewing

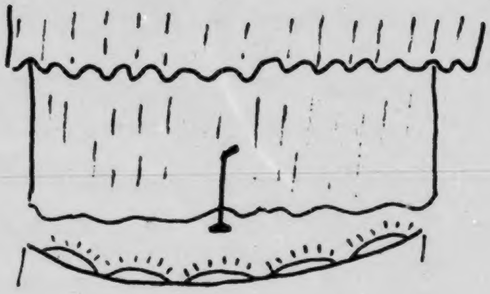
Tests to Measure Adaptive Behavior

Making the Point

Average Worktime

2 Hours 30 Minutes

SETTING THE STAGE



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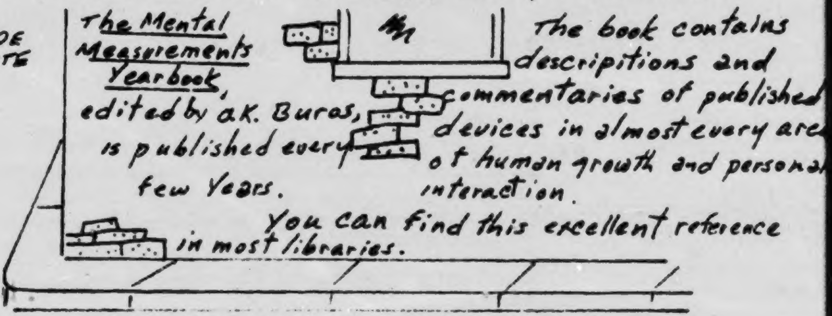
The emphasis of this manual is on the techniques of informal assessment. The reason for this is that these techniques are constantly used as part of daily instructional activities. Nevertheless, you will come into contact with many formal test scores and should understand their significance for planning. Remember, formal tests also are a very important part of the assessment "bag of tricks."

The Administrator is about to discuss several formal assessment devices. They have been selected because (1) they are applicable to many different populations of exceptional individuals, and (2) most professionals know about them.

SIDE NOTE



The Mental Measurements Yearbook, edited by O.K. Buros, is published every few years.

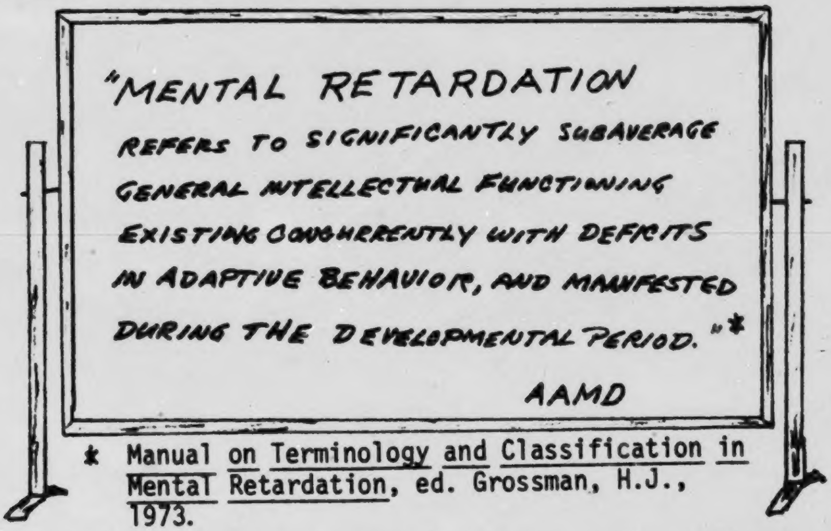
The book contains descripitions and commentaries of published devices in almost every are of human growth and persona interaction.

You can find this excellent reference in most libraries.

"Good afternoon," smiled the Administrator. "In conversation with some of the teachers, I discovered you are familiar with the names of many formal assessment tests but are pretty much in the dark when it comes to knowing about the information they yield.

"There are several formal tests we use regularly and I will provide you with some information on each one. Most of the devices we use help determine level of retardation. So let's review the definition of retardation accepted by the American Association on Mental Deficiency."

The Administrator wrote:



"MENTAL RETARDATION
REFERS TO SIGNIFICANTLY SUBAVERAGE
GENERAL INTELLECTUAL FUNCTIONING
EXISTING CONCURRENTLY WITH DEFICITS
IN ADAPTIVE BEHAVIOR, AND MANIFESTED
DURING THE DEVELOPMENTAL PERIOD."*
AAMD

* Manual on Terminology and Classification in Mental Retardation, ed. Grossman, H.J., 1973.

Ms. Teachless remarked, "I knew it! I knew it! I've always said there is more to retardation than just IQ. For instance, Suzie has a 35 IQ but acts a lot smarter than Bill who has a 45 IQ."

"That's good thinking," remarked the Administrator, pointing to the blackboard. "Let's review the definition again. It is important to understand that retardation is more than just a reduced level of intellectual functioning."

(The following discussion is taken from the American Association on Mental Deficiency's Manual on Terminology and Classification in Mental Retardation, ed. Grossman, H.J., 1973, pages 11 - 14.)

"Mental retardation...denotes a level of behavioral performance without reference to etiology....(it) is descriptive of current behavior and does not imply prognosis."

"Intellectual functioning may be assessed by one or more of the standardized (formal) tests developed for that purpose."

"Significantly subaverage refers to performance which is two or more standard deviations from the mean or average of the tests." On the Stanford-Binet this is an IQ of 68 or less and on the Wechsler it is an IQ of 70 or less.

"Adaptive behavior is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group."

Developmental period has an upper age limit of 18 years..."and serves to distinguish mental retardation from other disorders of human behavior."

The Administrator continued, "I have drawn a diagram to help explain exactly what the definition means."

		Intellectual Functioning		
		Subaverage	Average	Above Average
Adaptive Behavior	Sub Average	Mentally Retarded	Other Disability	Other Disability
	Average	Other Disability	Normal	Bright
	Above Average	Other Disability	Bright	Gifted

In the chart, disability refers to the emotionally disturbed, physically handicapped, multihandicapped, and most any other disability that can reflect reduced scores in either intellectual functioning or adaptive behavior.

In order to determine when a primary disability is caused by a reduced mental ability, ask yourself the following question.

Do the scores of formal tests denote significantly low scores in both intellectual functioning and adaptive behaviors?

A. If the answer is Yes, the individual is probably retarded and the instructional plan should reflect the best known procedures for working with this disability.

B. If the answer is No or Don't Know, the individual may have some other disability.

Pursue the answer further if you answered No or Don't Know to the question. Explore by using informal assessment techniques or by seeking out other information in the case study folder.

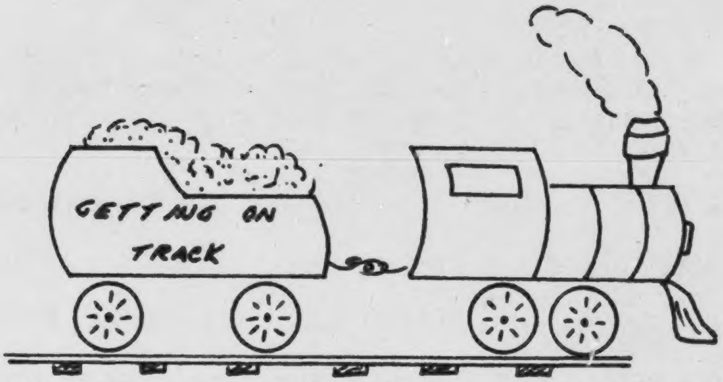
For example:

A. If the disability seems to have a medical cause, the case study folder should be your reference point. Beware such terms as aphasia, dyslexia, motor dysfunction, minimal brain damage, perceptual handicaps, mongoloid-like behavior; these are merely descriptive medical categories. You would have to observe a child's behavior to describe each term more specifically. Check for multiple causes, for they can change your individualized instructional plan.

B. The problem may stem from the environment. Some authorities believe that a prolonged experience in an unstimulating emotional, physical, or verbal environment may cause permanent reduced intellectual functioning.

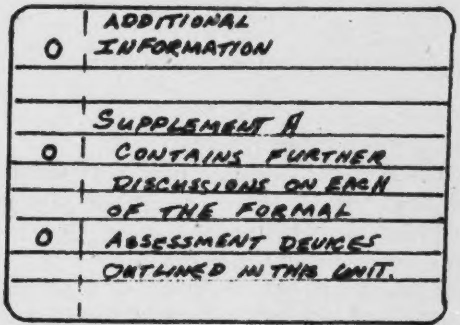
C. An individual may score low in one or both parts of the definition of mental retardation due to inadequate instructional opportunities but, with intensive training, test scores can change drastically from one diagnostic category to another.

Whether your answer is Yes, No, or Don't Know, the pressing question to ask is: "With all this knowledge, can I, as a teacher, help this individual in my classroom or would he be better treated in another setting?" The teacher should feel very comfortable in recommending a different placement for a student. A necessary change is an important part of the individualized plan concept. If recommendation for change in placement is needed, this should not be taken as failure on the part of the teacher, rather he or she should be pleased that this need can be determined.



"Now that you've become aware of the definition and implications of 'mental retardation' we can start examining some specific formal assessment devices," commented the Administrator.

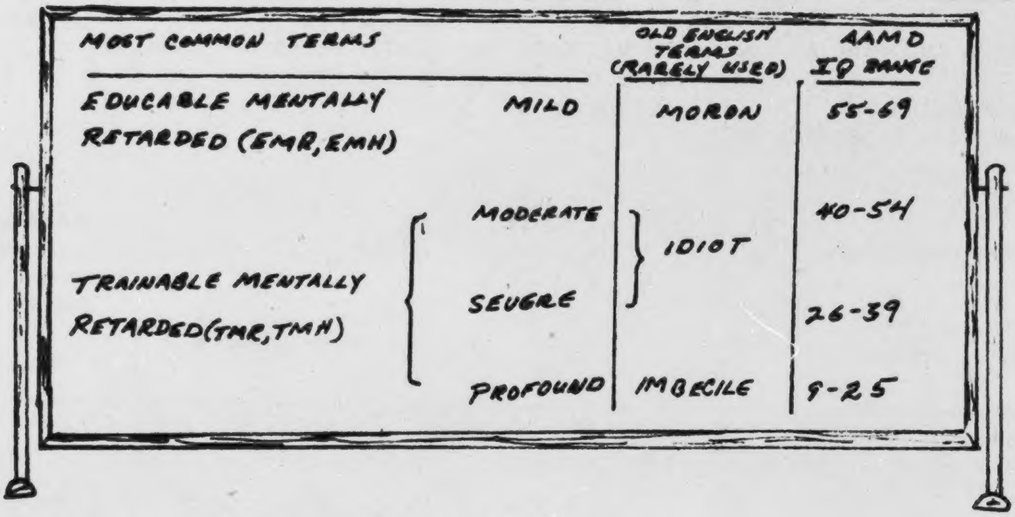
"The formal assessment devices are divided into two groups: one measures 'general intellectual functioning' and the other refers to 'adaptive behavior.'"



ADDITIONAL INFORMATION

SUPPLEMENT A CONTAINS FURTHER DISCUSSIONS ON EACH OF THE FORMAL ASSESSMENT DEVICES OUTLINED IN THIS UNIT.

The Administrator assured his staff, "When we have completed our review of the more common assessment devices used with the retarded, you will be able to name several tests which measure general intellectual functioning and adaptive behavior, describe them in detail, and discuss their relative use for classroom planning. But, first, there are some general terms you must know in order to understand the scores on formal tests. They describe the different levels of retardation and the equivalent IQ ranges."



MOST COMMON TERMS		OLD ENGLISH TERMS (RARELY USED)	AAMD IQ RANGE
EDUCABLE MENTALLY RETARDED (EMR, EMH)	MILD	MORON	55-69
TRAINABLE MENTALLY RETARDED (TMR, TMH)	MODERATE	IDIOT	40-54
	SEVERE		26-39
	PROFOUND	IMBECILE	9-25

"Wait a minute!," exclaimed Ms. Teachless, "Everytime I see a bunch of numbers, I get all shook up. Does this mean that IQ scores are something like grades we used to get in school where 95 to 100 was an A, 90 to 95 a B, and so on?"

Not quite, Ms. Teachless. The math experts formulated the scores on standardized IQ tests so the average is 100 and the normal range is about 90 - 100. Therefore, individual scores between 80 - 89 are slightly below normal. People scoring 110 and higher are considered bright. Anyone scoring over 140 is in the genius category.

But, remember these IQ scores relate only to intellectual functioning. We must not overlook the scores of adaptive behavior since they are equally as important in determining placement of an individual within a special program.

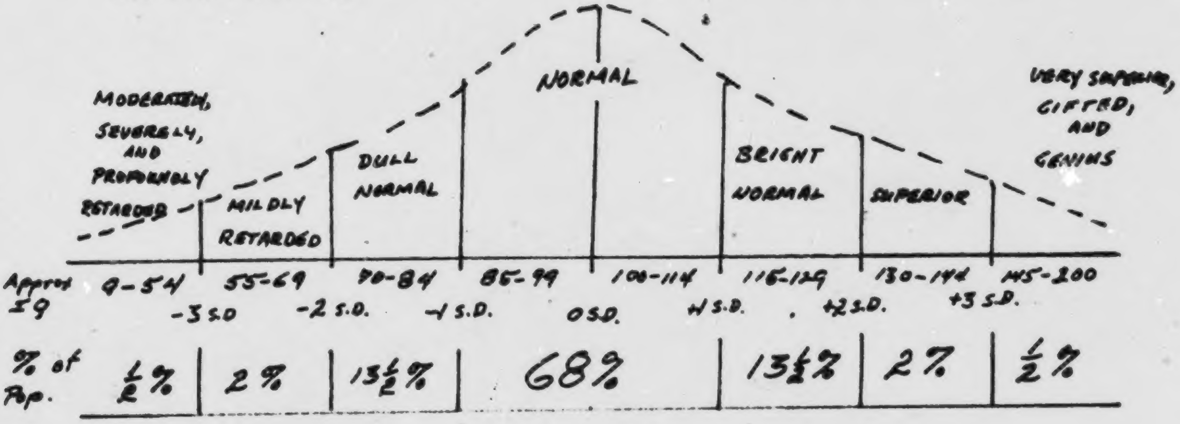
The Administrator continued, "Another term used is 'standard deviation,' the abbreviation is SD. Again the mathematicians have taken a very complicated formula and provided a simple tool to help us understand formal test scores.

"Standard deviation(s) is used to divide scores of a large population into small meaningful groups.

"For instance, we know that people range in intelligence from being very smart to being very dull. There are usually a lot of people in the middle, and fewer people on the ends. The mathematicians have divided this range of people into deviations starting with the most common score (the mean or average) and calling it '0.' From the mean or 0, they start counting in either direction such as one standard deviation below the mean (-1 SD), or one standard deviation above the mean (+1 SD), etc.

"Using this method of counting, we can now define mental retardation as being at least two standard deviations below the average.

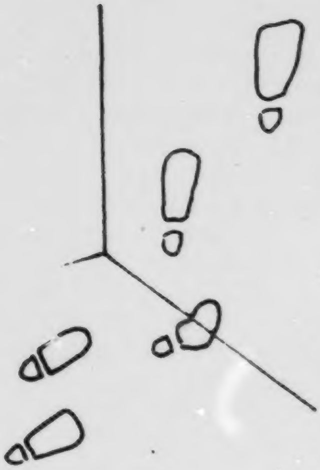
"This diagram should help. For those who have problems with percentages, think that for every 100 people there are about 2 1/2 who are retarded."



The Administrator questioned, "Now can anyone tell me how many standard deviations a moderately or severely retarded individual is away from the mean?"

All the teachers smiled, looked at each other, and answered together, "At least a minus three standard deviations below the mean!"

Let's Proceed



Books
of
Knowledge

TESTS TO MEASURE INTELLECTUAL FUNCTIONING

Three tests commonly used to measure intellectual functioning are:

1. Wechsler Tests of Intelligence
    A. Wechsler Adult Intelligence Scale (WAIS)
    B. Wechsler Intelligence Scale for Children (WISC)
    C. Wechsler Pre-school and Primary Scale of Intelligence (WPPSI)
2. Stanford-Binet Intelligence Scale
3. Slosson Intelligence Test

Other tests which are not discussed but have applicability are:

1. Columbia Mental Maturity Scale
2. Merrill-Palmer Scale
3. Leiter International Performance Scale

The Administrator began, "There are three common tests used to measure intellectual functioning: the Wechsler tests, Stanford-Binet, and Slosson. Other devices are sometimes used when individuals have certain handicaps.

"The Wechsler tests are probably the most popular devices used for measuring intellectual functioning. Testers prefer them because the scoring method provides excellent opportunities for additional informal information about the individual.

"The Wechsler Adult Intelligence Scale, called the WAIS, was the first to be developed and was designed to be used with individuals from ages 16 to 74. The device can be administered to individuals with a wide range of mental functioning. However, it loses much of its effectiveness with the moderately and severely retarded because many of the simplest questions are too difficult for them.

"The most important Wechsler test to know about is the Wechsler Intelligence Scale for Children, the WISC. It is designed to measure the intellectual functioning of children from ages 5 to 15. Lower functioning individuals are included in the standardization.

"The third device is the Wechsler Pre-school and Primary Scale of Intelligence, called the WPPSI, pronounced 'wipsee.' It is still experimental and the effectiveness of the test is not yet determined. These three devices are designed in a similar manner, thus we can discuss the WISC in some detail and get a picture of the other two."

The Administrator wrote.

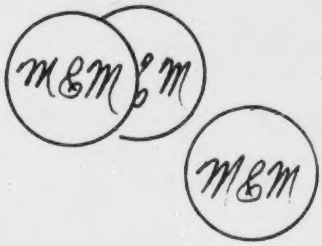
THE WISC IS DESIGNED TO MEASURE INTELLECTUAL FUNCTIONING OF CHILDREN AGES 5 - 15.

IT MUST BE ADMINISTERED BY A PERSON SPECIALLY TRAINED ON THE DEVICE AND IS GIVEN IN A ONE-TO-ONE SITUATION.

THE TEST REQUIRES APPROXIMATELY ONE HOUR TO ADMINISTER. HOWEVER, THE SUBTESTS MAY BE GIVEN IN MORE THAN A SINGLE ADMINISTRATION IF THE TESTER FEELS THE CHILD IS BECOMING BORED OR DISTRACTED.

Ms. Doless asked, "Can the test be used for older individuals, if we already know we can't get a meaningful score on the WAIS?"

"We can't do that," quipped Ms. Teachless, "because we would be going against the rules of formal assessment. Since the test is standardized on 5 to 15 year-olds, the scores could not be compared with anything and we wouldn't have very accurate data on which to base decisions.



Some M and Ms For

Ms. Teachless.

she is 100% Correct!

The Administrator continued to write...

THE WISC PROVIDES THREE SCORES:
- Verbal IQ
- Performance IQ
- Full Scale IQ (a combination of verbal and performance scores)

VERBAL

Subtests:
- INFORMATION
- COMPREHENSION
- ARITHMETIC
- SIMILARITIES
- VOCABULARY
- DIGIT SPAN (optional)

PERFORMANCE

Subtests:
- PICTURE COMPLETION
- PICTURE ARRANGEMENT
- BLOCK DESIGN
- OBJECT ASSEMBLY
- CODING
- MAZES (optional)

Each subtest provides a raw score that is matched with an age graded chart. The score obtained from this matching is called a scaled score and ranges from 0 - 20. The average score for each subtest is 10. Therefore, a score of 10 for every subtest would yield an IQ of exactly 100. For an individual to be in the moderately to severely retarded range, the subtest scores would average less than 5. A score of 5 each equals an IQ of 50.

Mr. Middle frowned, "But the subtests scores don't all have to be the same. Can't a person have a score of 8 on 'Information' and a 2 on 'Comprehension?'"

"Absolutely," answered the Administrator. "Usually the subscores do vary.

"Read this set of scores I have taken from one of our student files."

FULL SCALE SCORE	38	IQ
VERBAL SCORE	44	IQ
PERFORMANCE SCORE	32	IQ

SUBTESTS SCALED SCORES

VERBAL	
INFORMATION	2
COMPREHENSION	4
ARITHMETIC	3
SIMILARITIES	6
VOCABULARY	7
TOTAL	22

PERFORMANCE	
PICTURE COMPLETION	3
PICTURE ARRANGEMENT	6
BLOCK DESIGN	2
OBJECT ASSEMBLY	1
CODING	4
TOTAL	16

"Now, can anyone tell me about the intellectual functioning of the student?"

"Well, the Kid is retarded."

...answered Ms. Doless.

"I can say more," added Ms. Teachless. "The student is operating in the severe range of retardation. He does better in the verbal area than in the performance area. So, if he has a strong point, it must be the verbal area.

"I think I can make some informal guesses. The student has a 7 on 'Vocabulary' and a 4 on 'Comprehension' which means he can understand a lot. The 2 on 'Information' means that he doesn't have much general knowledge. I also noted a 1 on 'Object Assembly' which may indicate a short attention span. I think he can benefit from a quality instructional program like ours.

"Say! This set of scores looks familiar. I bet they belong to Johnny Jones, my new student."

"You hit the nail on the head," smiled the Administrator proudly.

"I think you have done a fine job of looking at the scores. You may be quite correct in your judgments. But, you will need to validate your personal feelings with further informal testing.

"I haven't quite finished discussing the WISC so let's continue."

The subtests can offer clues to strengths and weaknesses; nonetheless, the scaled scores should never be discussed as IQ'S. For example, in the Coding subtest, the scaled score of 4 is not an IQ of 40.

○ READ SUPPLEMENT A

FURTHER DISCUSSION ON WISC INCLUDES:

○ ADDITIONAL COMMENTS

ANSWER FORM

○ SAMPLE ITEMS

SUGGESTED INSTRUCTIONAL ACTIVITIES

"To save time, read the short discussion on the Stanford-Binet," suggested the Administrator. "You can ask questions afterwards."

The paper began...

The Binet, first of all, is a device to measure general intellectual functioning. It was developed by Binet in France and later translated into English by Terman at Stanford University. The test is known as the Stanford-Binet Intelligence Scale.

The Binet consists of subtests grouped by age according to the abilities of normal individuals. Each set of grouped activities requires a variety of verbal and motor responses.

The results are first reported in Mental Age (MA) and then translated into an Intelligence Quotient (IQ).

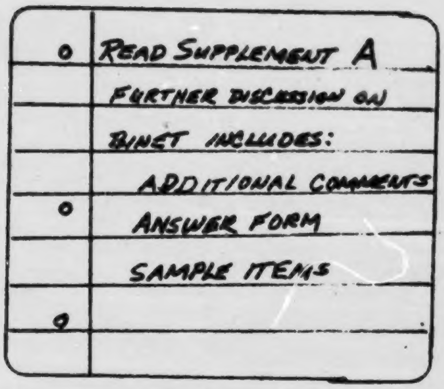
A Definition:

Mental Age - A score, in years and months, determined by how well an average person performs at the same chronological age.

The device requires considerable examiner skill and should never be administered by anyone who has not had specialized training. Administration time varies from thirty minutes for young children to over an hour for adults.

Several researchers have attempted to use the Stanford-Binet as a diagnostic tool to detect specific learning disabilities. To date, the process is experimental and results are somewhat questionable. Therefore, although the scale is an excellent test to estimate success in school related activities, it offers very little information toward developing an individualized instructional program.

One advantage for using this device over any of the Wechsler Scales is that the instrument is more precise in evaluation of the very bright or very dull.



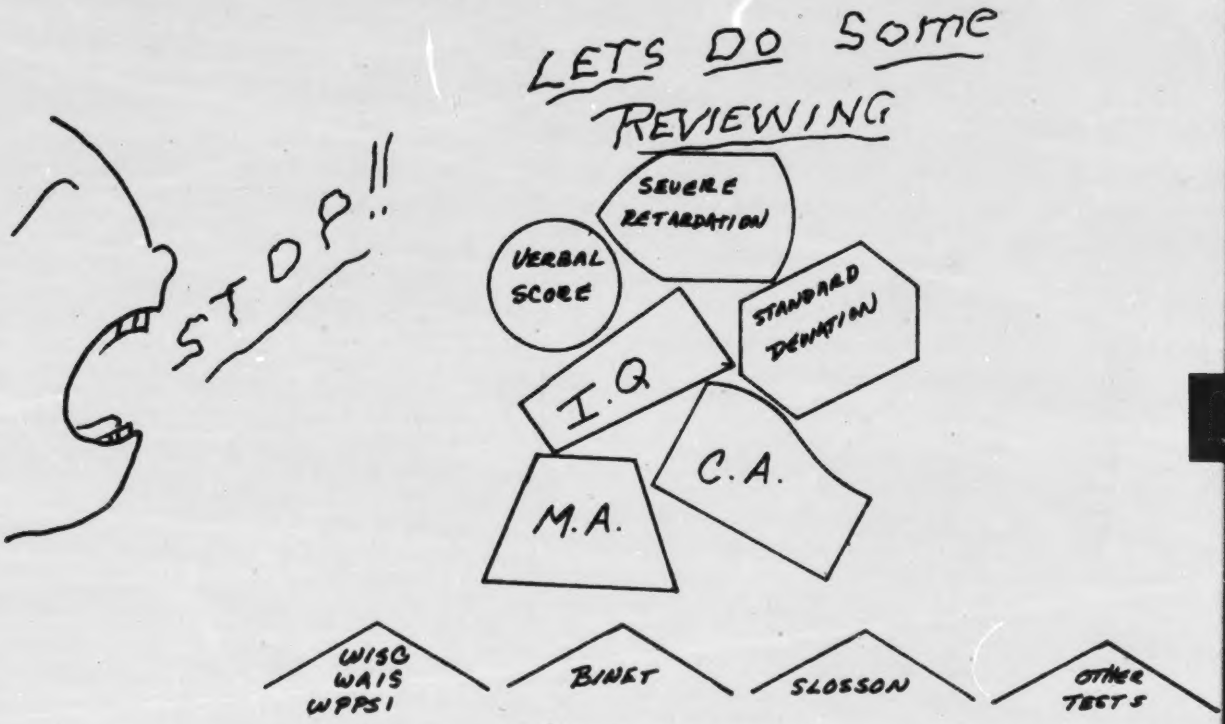
READ SUPPLEMENT A
FURTHER DISCUSSION ON
BINET INCLUDES:
ADDITIONAL COMMENTS
ANSWER FORM
SAMPLE ITEMS

The Administrator continued, "Now we are ready to talk briefly about one more individual test of general intellectual functioning.

"The Slosson Intelligence Test is used for screening children and adults who may be retarded. It is popular because most professionals can administer the test, score it, and interpret the results in about twenty minutes.

"One should remember that the Slosson should be used only for screening purposes. The results should be validated by the more comprehensive Stanford-Binet or Wechsler.

"The device yields an IQ and MA. These scores are interpreted in the same manner as any other IQ test."


LETS DO Some REVIEWING
STOP!!
SEVERE RETARDATION
VERBAL SCORE
STANDARD DEVIATION
I.Q
C.A.
M.A.
WISC WAIS WPPSI
BINET
SLOSSON
OTHER TESTS

"Can we review some of this?" cried Ms. Teachless. "I'm getting lost."

"Certainly," assured the Administrator. "We have been moving fast. First, let's review some of the important facts and then see if you can put it all to use.

"Remember, these devices are used to measure only the 'intellectual functioning' portion of the mental retardation definition," cautioned the Administrator.

"Study these charts, carefully."

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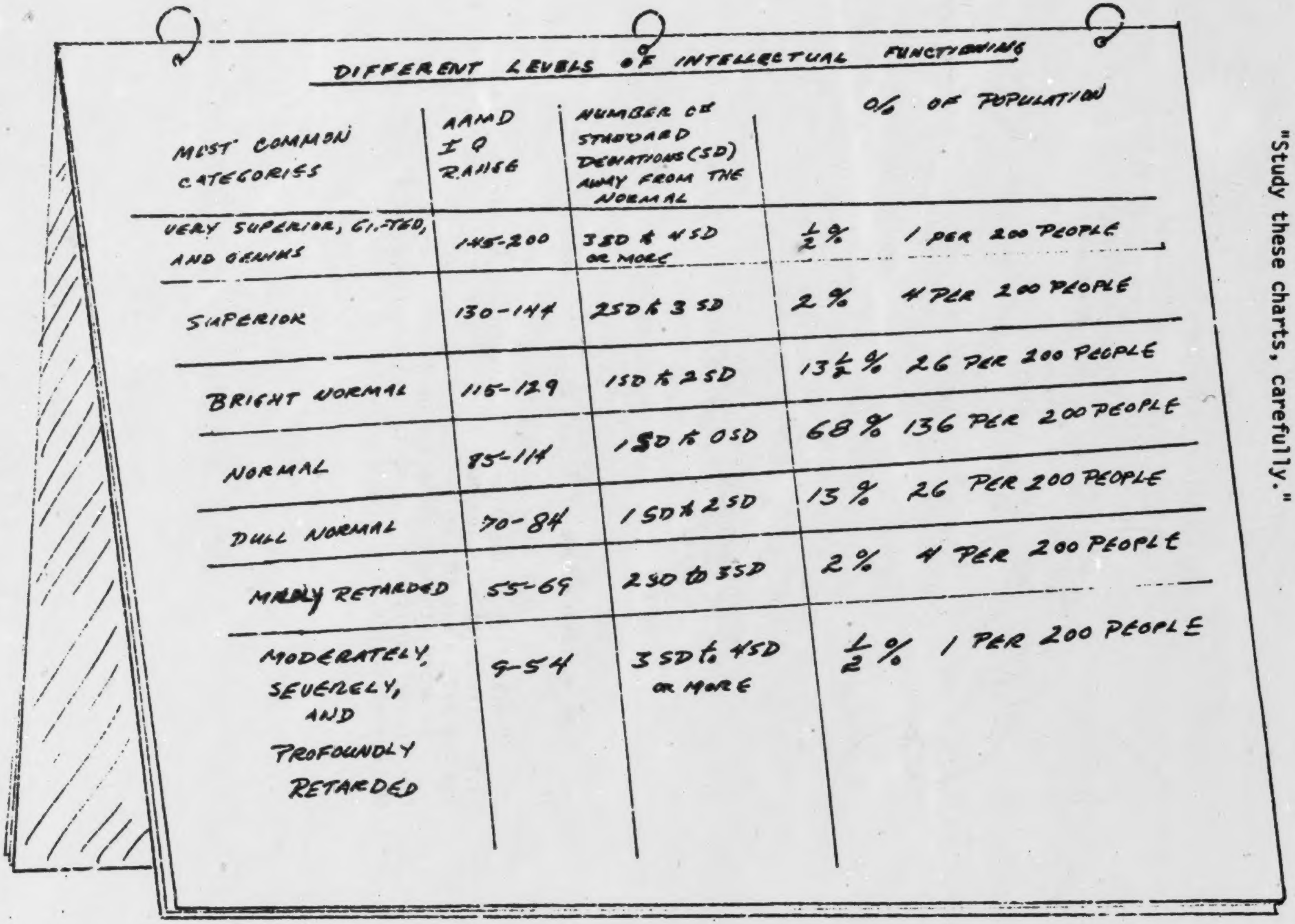

DIFFERENT LEVELS OF INTELLECTUAL FUNCTIONING

MOST COMMON CATEGORIES	AAMD IQ RANGE	NUMBER OF STANDARD DEVIATIONS (SD) AWAY FROM THE NORMAL	% OF POPULATION	
VERY SUPERIOR, GIFTED, AND GENIUS	145-200	3 SD to 4 SD OR MORE	½%	1 PER 200 PEOPLE
SUPERIOR	130-144	2SD to 3 SD	2%	4 PER 200 PEOPLE
BRIGHT NORMAL	115-129	1SD to 2SD	13½%	26 PER 200 PEOPLE
NORMAL	85-114	1SD to 0SD	68%	136 PER 200 PEOPLE
DULL NORMAL	70-84	1SD to 2SD	13%	26 PER 200 PEOPLE
MILDLY RETARDED	55-69	2SD to 3SD	2%	4 PER 200 PEOPLE
MODERATELY, SEVERELY, AND PROFOUNDLY RETARDED	9-54	3SD to 4SD OR MORE	½%	1 PER 200 PEOPLE

CHART 1

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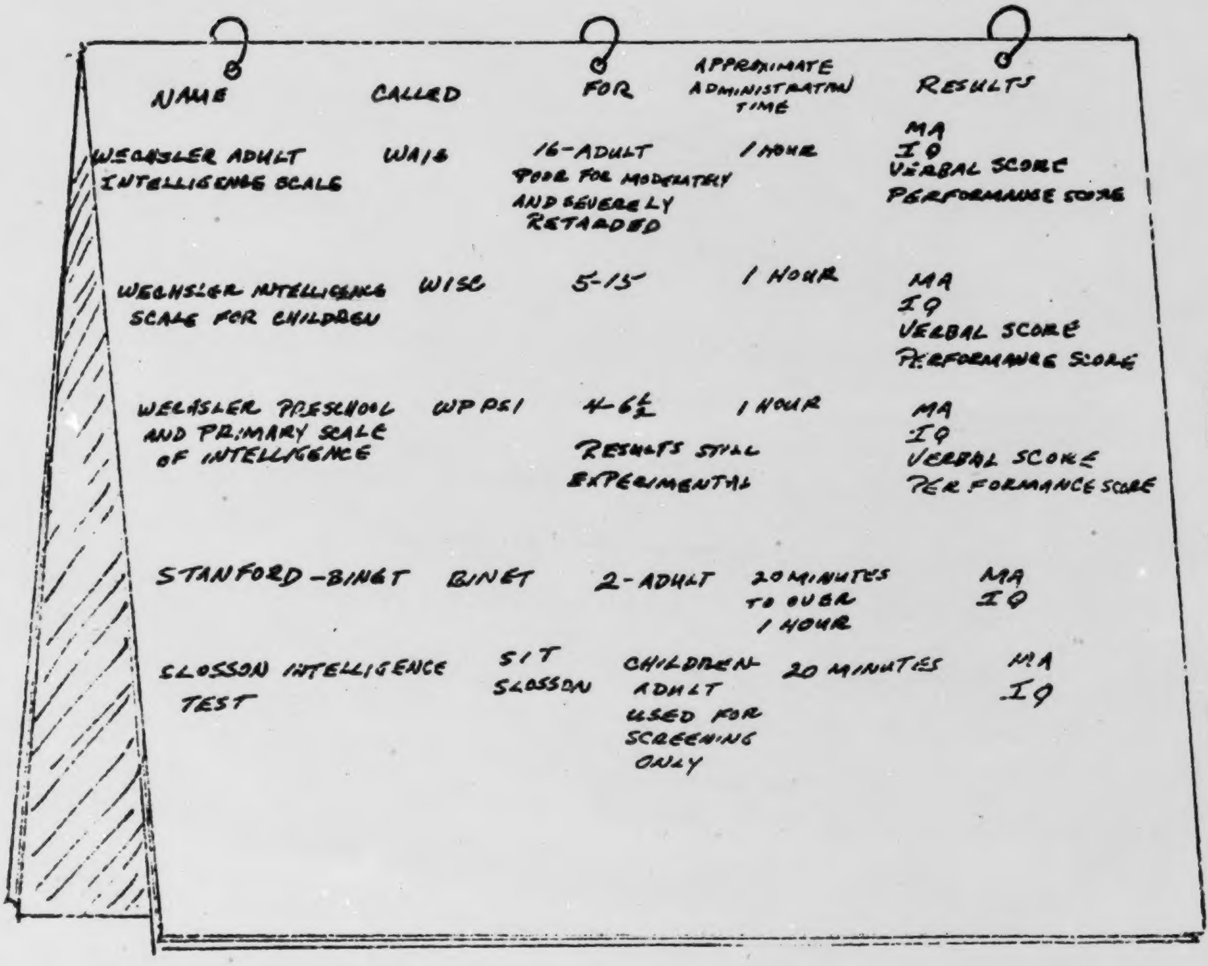
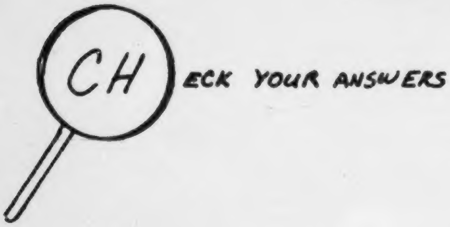


NAME	CALLED	FOR	APPROXIMATE ADMINISTRATION TIME	RESULTS
WECHSLER ADULT INTELLIGENCE SCALE	WAIS	16-ADULT POOR FOR MODERATLY AND SEVERELY RETARDED	1 HOUR	MA IQ VERBAL SCORE PERFORMANCE SCORE
WECHSLER INTELLIGENCE SCALE FOR CHILDREN	WISC	5-15	1 HOUR	MA IQ VERBAL SCORE PERFORMANCE SCORE
WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE	WPPSI	4-6½ RESULTS STILL EXPERIMENTAL	1 HOUR	MA IQ VERBAL SCORE PERFORMANCE SCORE
STANFORD-BINET	BINET	2-ADULT	20 MINUTES TO OVER 1 HOUR	MA IQ
SLOSSON INTELLIGENCE TEST	SIT SLOSSON	CHILDREN-ADULT USED FOR SCREENING ONLY	20 MINUTES	MA IQ

CHART 2

Time to check your knowledge concerning the uses of formal assessment devices.

USE WORKBOOK- ANSWER PROBLEM IV



Part A

Any three of the following are acceptable. However, you may have listed some others. These should be authenticated by the instructor. If by some chance you listed the Peabody Picture Vocabulary Test (PPVT), you should read the discussion in Supplement A describing the PPVT IQ as a Receptive Language Score rather than an Intelligence Score.

Wechsler (listed by itself or as separate tests)
    WAIS
    WISC
    WPPSI
Binet
Slosson
Columbia
Merrill-Palmer
Leiter
Raven's
Cattell (any one of them)

Part B

If you missed an answer, review the material in this manual and Supplement A.

5 1. Read discussion of Slosson.

4 2. Read discussions of Binet and WAIS.

1 or 4 3. Either answer is acceptable. Read information about the Binet and WISC.

1 or 4 4. Either answer is acceptable. Read discussion of the WISC and Binet in Supplement A. Both are excellent measures of IQ and yield about the same results. However, for the most precise comparisons, the same test should always be used for retesting.

3 5. Read manual for discussions of WPPSI.

7 6. An IQ test does not determine degrees of handicap; this is a measure of adaptive behavior. Sometimes an experienced examiner can detect certain difficulties, but this is definitely not the purpose of an IQ device.

Part C.

T 1. See Chart 1.

F 2. Reread definition of mental retardation.

T 3. They are the most commonly used devices and have the greatest amount of material written regarding interpretation of results.

T 4. See discussions of Binet in manual and Supplement A.

T 5. See discussions of Binet in manual and Supplement A.

T 6. See Chart 1 and diagram on distributions of intelligence categories.

TESTS TO MEASURE ADAPTIVE BEHAVIOR

Adaptive behavior is the level of effectiveness or degree of independence and social responsibility demonstrated by an individual at a given point in time. Expectancies vary according to age, sex, and cultural group.

Assessment instruments are necessary to determine the total picture of an individual's adaptive behavior. Some of the more common devices are:

Peabody Picture Vocabulary Test (PPVT)

Vineland Social Maturity Scale (Vineland)

Denver Developmental Screening Test (DDST)

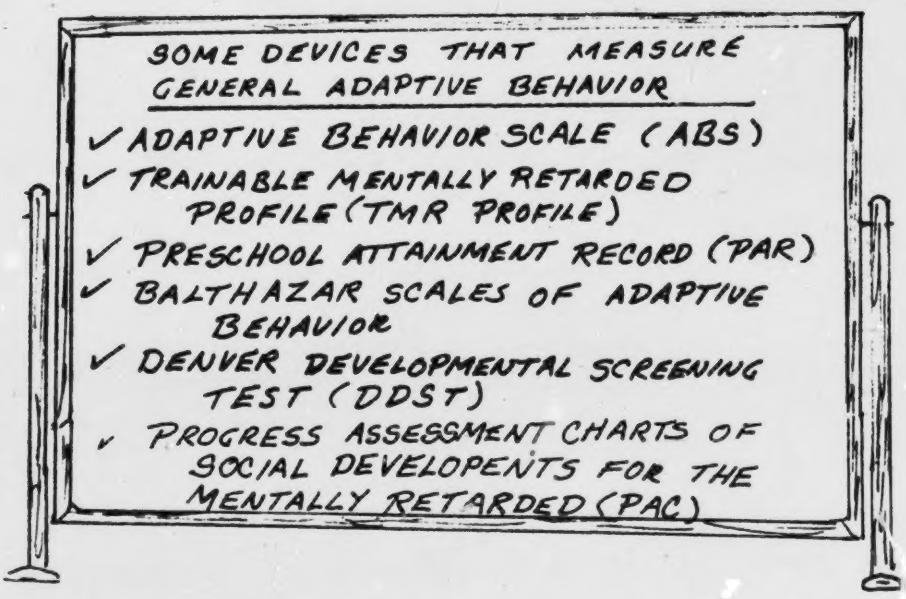
Illinois Test of Psycholinguistic Abilities (ITPA)

Adaptive Behavior Scale (ABS)

The Administrator has just begun to talk about adaptive behavior...

"There are so many devices used to measure adaptive behavior, we would never have time enough to review them all. Some measure only specific areas. Others attempt to look at the entire range of adaptive behaviors."

The Administrator wrote the following on the chalkboard:



SOME DEVICES THAT MEASURE GENERAL ADAPTIVE BEHAVIOR

✓ ADAPTIVE BEHAVIOR SCALE (ABS)
✓ TRAINABLE MENTALLY RETARDED PROFILE (TMR PROFILE)
✓ PRESCHOOL ATTAINMENT RECORD (PAR)
✓ BALTHAZAR SCALES OF ADAPTIVE BEHAVIOR
✓ DENVER DEVELOPMENTAL SCREENING TEST (DDST)
✓ PROGRESS ASSESSMENT CHARTS OF SOCIAL DEVELOPENTS FOR THE MENTALLY RETARDED (PAC)

"These devices assess the total range of adaptive behavior. Since they are very similar to each other, we shall only discuss one of them, the Adaptive Behavior Scale.

"The Adaptive Behavior Scale, commonly called the ABS is important because it has been adopted by the American Association on Mental Deficiency in order to measure the second part of the mental retardation definition.

"The Scale assesses twenty-four behavioral areas called 'domains.' This handout explains them. Read it carefully."

ABS Domains Measure

Part I Daily Living Behaviors (10 Domains with 23 Subdomains)

I. Independent Functioning

- A. Eating
- B. Toilet Use
- C. Cleanliness
- D. Appearance
- E. Care of Clothing
- F. Dressing and Undressing
- G. Locomotion
- H. General Independent Functioning

II. Physical Development

- A. Sensory Motor
- B. Motor Development

III. Economic Activity

- A. Money Handling and Budgeting
- B. Shopping Skills

IV. Language Development

- A. Speaking and Writing
- B. Comprehension
- C. General Language Development

V. Number and Time Concepts

VI. Occupation-Domestic

- A. Cleaning
- B. Kitchen Duties
- C. General Occupation-Domestic

VII. Occupation-General

VIII. Self-Direction

- A. Sluggish in Movement
- B. Initiative
- C. Persistence
- D. Planning and Organization
- E. Self-Direction (General)

IX. Responsibilities

X. Socialization

Part II Maladaptive Behaviors (14 Domains)

I. Violent and Destructive Behavior

II. Antisocial Behavior

III. Rebellious Behavior

IV. Untrustworthy Behavior

V. Withdrawal

VI. Stereotyped Behavior and Odd Mannerisms

VII. Inappropriate Interpersonal Manners

VIII. Inappropriate Vocal Habits

IX. Unacceptable or Eccentric Habits

X. Self-abusive Behavior

XI. Hyperactive Tendencies

XII. Sexually Aberrant Behavior

XIII. Psychological Disturbances

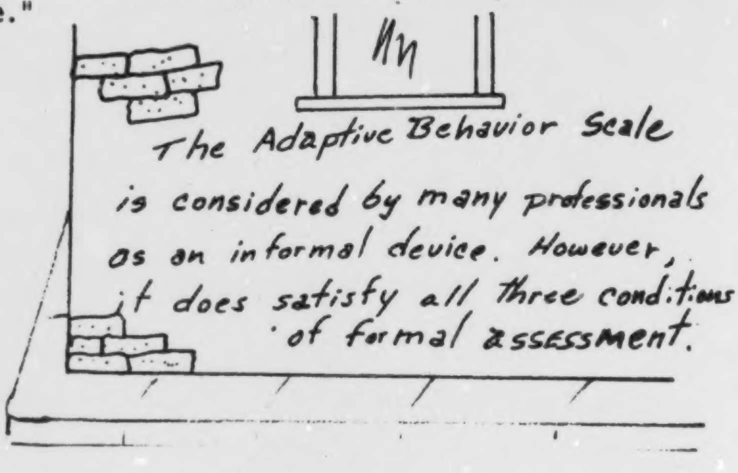
XIV. Use of Medications

Ms. Doless remarked, "I suppose this is another test that has to be given by those bigwig psychologists or social workers."

"Not at all," responded the Administrator. "The test can be given by anyone who can report an individual's daily behaviors whether it be psychologists, teachers, nurses, social workers, day-care instructors, or attendants and technicians in the instructional setting.

"Often a teacher or another evaluator cannot answer all the questions, so a parent is asked to supply the information. If you know the individual very well, the ABS usually takes about forty-five minutes to complete and score."

SIDE NOTE



The Adaptive Behavior Scale is considered by many professionals as an informal device. However, it does satisfy all three conditions of formal assessment.

Ms. Teachless looked puzzled, "I've seen the ABS, and it really seems to get down to actual classroom instruction. But you said that formal assessment only provides general information about student needs while informal assessment is used to determine exact program plans.

Ms. Teachless argued further. "OK, but why can't I just use the domain titles for my terminal objectives and the subdomains as subobjectives? It would certainly make my work easier."

The Administrator explained, "It's true the ABS tells us a lot about the student, but you would have too many large gaps in your program if you did this. Besides, the domains have no criterion or conditions listed. You still would have to individualize these for each student. And, the statements under each domain have the same weaknesses.

"Maybe this illustration can explain."

Part I (taken from the Adaptive Behavior Scale)

I. Independent Functioning

15. Dressing (check only one)

☐ 5 Completely dresses self

☐ 4 Completely dresses self with verbal prompting only

☐ 3 Dresses self by pulling or putting on all clothes with prompting and by (zipping, buttoning, snapping) them with help

■ 2 Dresses self with help in pulling or putting on most clothes and fastening them

☐ 1 Cooperates when dressed by extending arms, or legs

☐ 0 Must be dressed completely

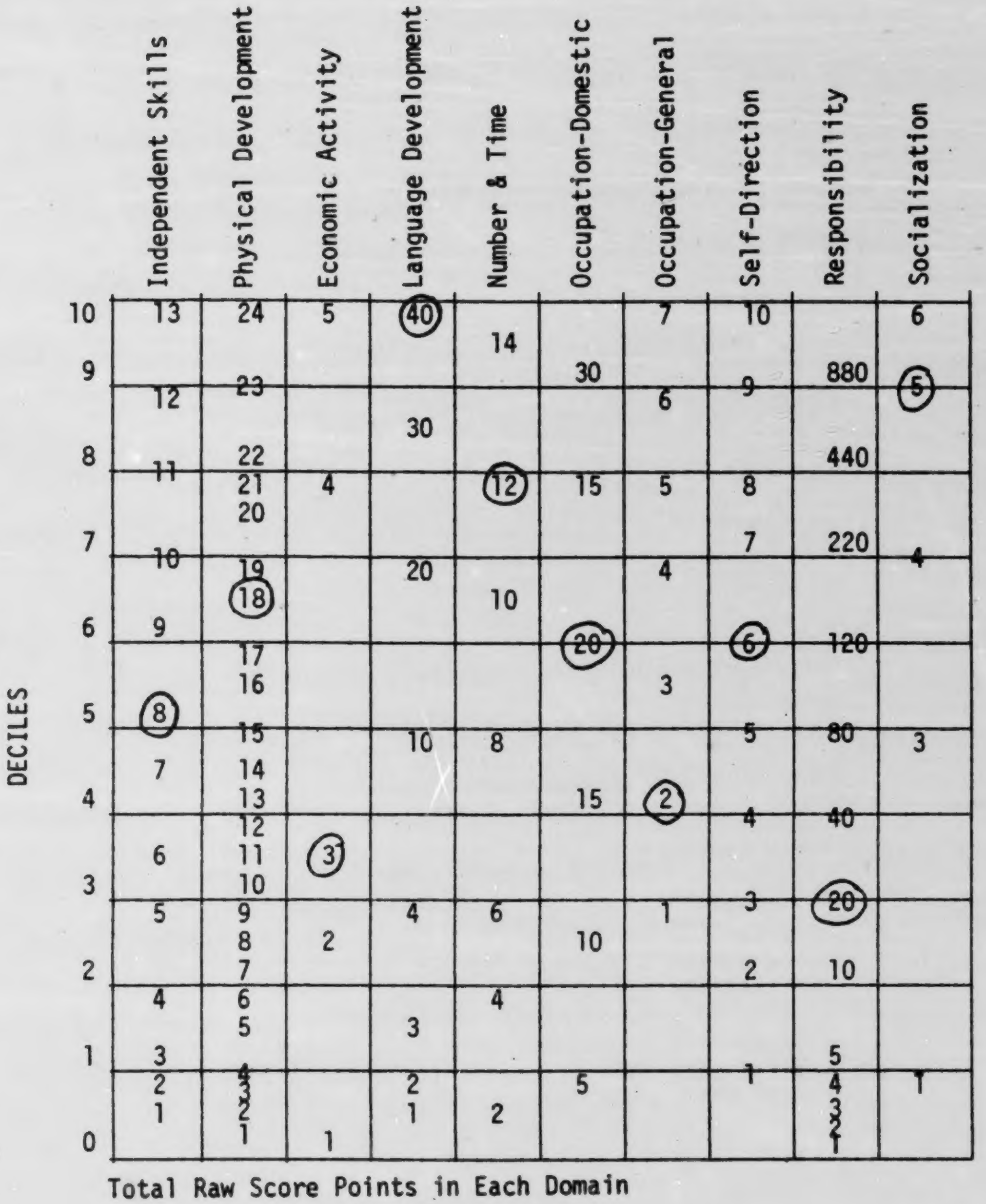
"The example gives you a broad notion of a need for training in dressing. However, it leaves many questions unanswered which relate directly to method of instruction, exact skill level of the child, etc. To utilize the ABS scores, the next step is to devise an informal assessment test to determine the exact dressing skills of the child and develop instructional plans. We will talk about this later because there is still more to discuss about the ABS and other adaptive behavior devices before going into informal assessment procedures.

"There are two ways the scores are reported. First, there is a set of raw scores. These are the actual points given each test item. Second, there are decile scores which are used to compare a single individual with other individuals of the same age and sex.

"This is how it might look on a report sheet."

DOMAINS

Age range XX
Sex X



The profile indicates the individual's raw scores of 8, 18, 3, 40, 12, 2, 6, 20, and 5. We use these raw scores to compare the student with himself at different times. A score change of 6 points in one domain may not mean the same as a 6 point change in another domain. The developers of the ABS recognized this concern and weighted the raw scores in a special way to use them for comparisons. They decided to group the scores into deciles. The decile score is seldom a whole number which means the score usually is reported as a fraction such as 6.5 or 8.3. The score reported is never more than 10. If a person scores at the seventh decile, it means that for every person in that age group or special population, three score higher and seven score lower. The fifth decile is the average score on this scale.

To test your understanding of the Administrator's explanation, take a piece of scrap paper and figure an approximate decile score for each domain in the example. Then check the three greatest areas of concern which need further investigation. (Finish the exercise before checking your answers.)

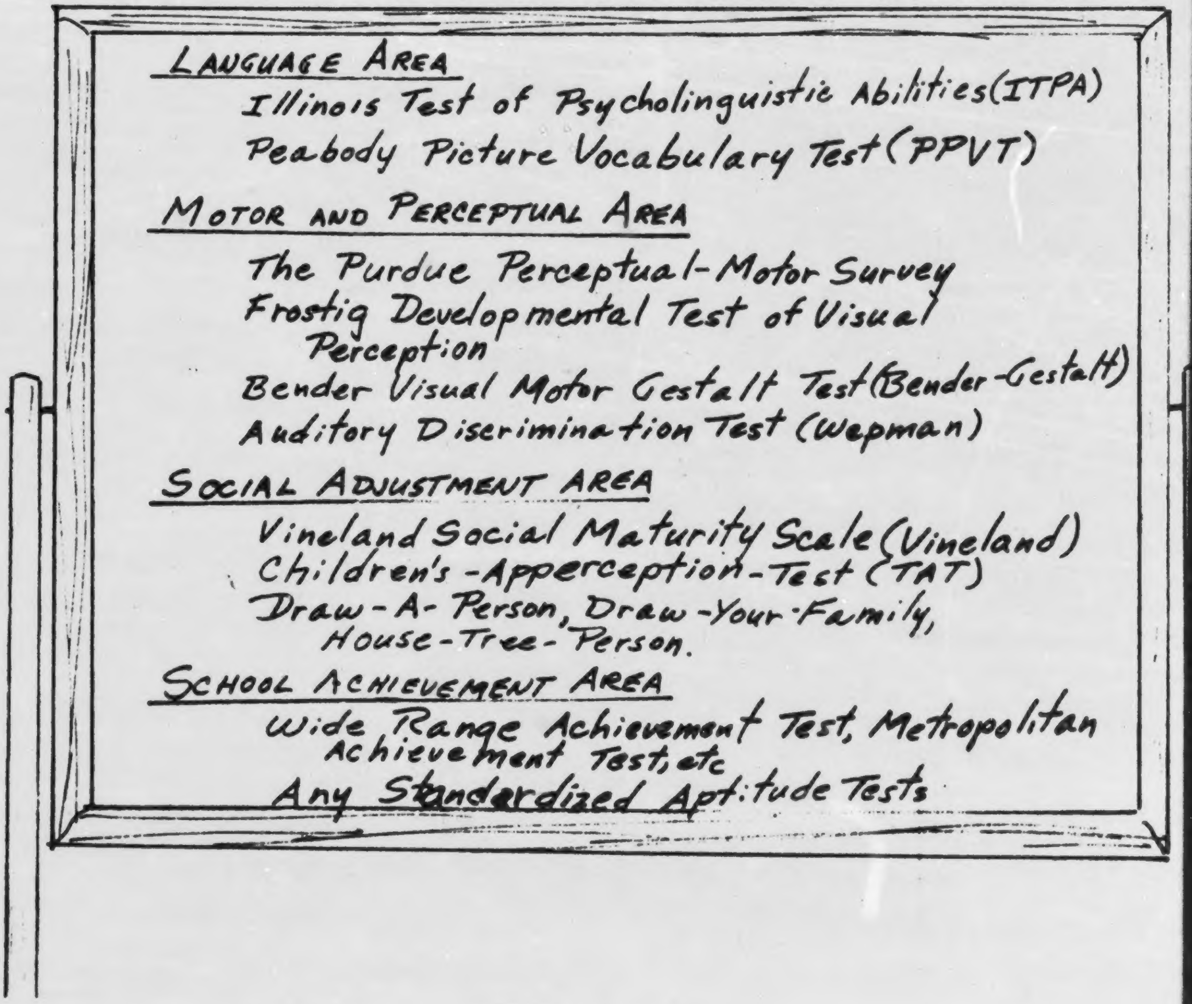
	Approximate Decile Fraction	3 Areas of Greatest Need
Independent Skills	5.3	
Physical Development	6.5	
Economic Activity	3.8	X
Language Development	9.9	
Number and Time Concept	7.8	
Occupation-Domestic	6.0	
Occupation-General	4.3	X
Self-Direction	6.0	
Responsibility	3.0	X
Socialization	9.0	

If you listed independent skills as 5.2 or 5.5 instead of 5.3 you were close enough for good judgment.

0	READ SUPPLEMENT A
	FURTHER DISCUSSION ON
	ABS INCLUDES:
	ADDITIONAL COMMENTS
0	SAMPLE QUESTION FORM
	ALSO DISCUSSION ON DDST
	COMMENTS
	SAMPLE REPORT FORM
0	

"Why do we use all the other assessment devices in the student case study folder if the ABS meets the second part of the mental retardation definition?" asked Ms. Teachless.

The Administrator smiled knowingly, "Remember the ABS is a general test of adaptive behavior. Sometimes we want to examine specific adaptive areas. There are many very fine devices designed to do exactly that. This list includes a few of the more commonly used assessment devices. We shall discuss two of them, the ITPA and the PPVT."



LANGUAGE AREA

Illinois Test of Psycholinguistic Abilities (ITPA)
Peabody Picture Vocabulary Test (PPVT)

MOTOR AND PERCEPTUAL AREA

The Purdue Perceptual-Motor Survey
Frostig Developmental Test of Visual Perception
Bender Visual Motor Gestalt Test (Bender-Gestalt)
Auditory Discrimination Test (Wepman)

SOCIAL ADJUSTMENT AREA

Vineland Social Maturity Scale (Vineland)
Children's-Apperception-Test (TAT)
Draw-A-Person, Draw-Your-Family, House-Tree-Person.

SCHOOL ACHIEVEMENT AREA

Wide Range Achievement Test, Metropolitan Achievement Test, etc
Any Standardized Aptitude Tests

The Administrator suggested, "Read this article on the ITPA. Then we will discuss any questions you may have."

Illinois Test of Psycholinguistic Abilities (ITPA)

The ITPA is an assessment device designed to determine level of language functioning. Many experts consider the ITPA one of the better diagnostic tests for this area of adaptive behavior.

The instrument consists of twelve subtests and can be administered in forty-five to sixty minutes depending on the subject and the skill of the tester. Because of the many complicated procedures, the ITPA should be given only by a trained examiner.

The results are recorded in age and months, as a psycholinguistic or language age (PLA), and in scaled scores (SS). The average scaled score of each subtest is 36 with a standard deviation of six. Although the standard deviation is six, a departure of 10 points above or below 26 must be shown before it is considered significant enough for specialized instruction. For example, if an individual has a score of 26 on the Verbal Expression Subtest, a significant weakness in that area would be noted and special activities should be planned to develop expressive skills.

The ITPA is more useful in comparing intra (within child) differences than interchild (between child) differences. Let us say that a child has a mean scaled score on the total test of 25. If the individual subtest scores do not vary more than 10 points from the mean of 25, we would report that the child has a general weakness in language functioning but no specific areas of significant strength or weakness. This is what we mean by intrachild differences.

Standardization has been done on an average population between ages 2 1/2 to 10 years. Although this is true, it is appropriate to administer the test to retardates older than ten. However, this alteration and any other alteration in the test procedures, no matter how slight, must be reported in the results and would be considered informal assessment information.

The twelve subtests measure three dimensions of language functioning.

Dimension 1: Channels of Communication

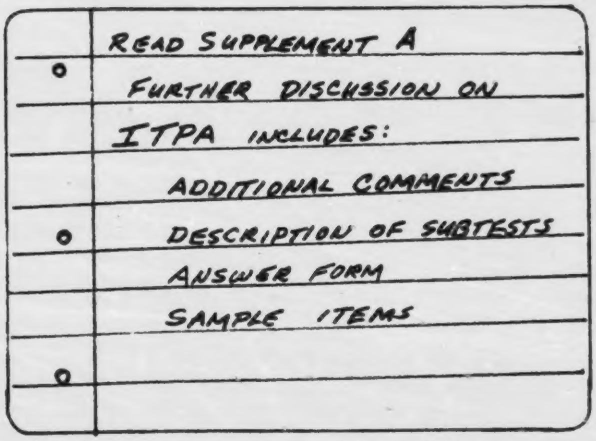
The ITPA measures the auditory-vocal and visual-motor channels of communication. These subtests measure inputs of language through the auditory and visual senses and outputs through the vocal and motor channels.

Dimension 2: Psycholinguistic Process

The test measures three psycholinguistic processes: the receptive, the organizing, and the expressive. The receptive process is the ability to recognize and/or understand what is heard; the organizing process is the ability to manipulate language symbols and ideas internally; and the expressive process is the ability to express ideas verbally or through gestures.

Dimension 3: Levels of Organization

Two levels of organization, the automatic and the representational, are assessed. The automatic level is largely involuntary and involves the formation of language habits such as blending sounds into words and sequencing words into sentences. At this level, the child may or may not attach meaning to language symbols. The representational level is more complex and highly organized than the automatic level. At this stage of functioning, the child attaches meaning or significance to the auditory or visual symbols and uses them in a meaningful way.



READ SUPPLEMENT A

FURTHER DISCUSSION ON

ITPA INCLUDES:

ADDITIONAL COMMENTS

DESCRIPTION OF SUBTESTS

ANSWER FORM

SAMPLE ITEMS

The Administrator asked, "Are there any questions?"

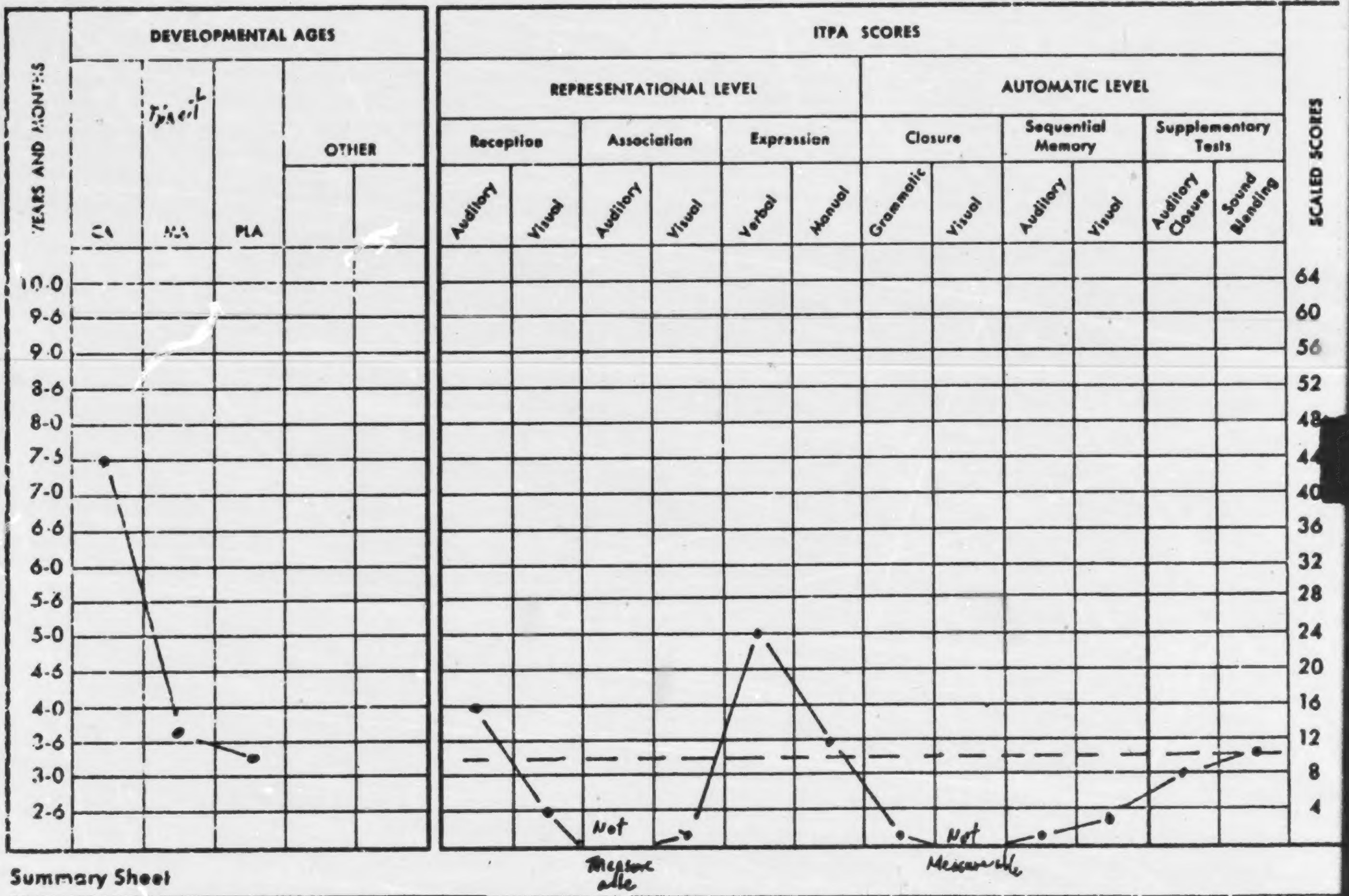
"You're not going to get away that easy. If we are expected to understand the test, you better give us some examples of what to know," retorted Ms. Doless.

"OK, but, let me remind you to look at the scaled scores which show the intrachild differences. These are the most appropriate scores to use when formulating an instructional plan.

"Now let's look at a sample ITPA profile."

PROFILE OF ABILITIES

2.30



Summary Sheet

SUBTEST	REPRESENTATIONAL LEVEL						AUTOMATIC LEVEL					
	AUDITORY-VOCAL			VISUAL-MOTOR			AUDITORY-VOCAL			VISUAL-MOTOR		
	Raw Score	Age Score	Scaled Score	Raw Score	Age Score	Scaled Score	Raw Score	Age Score	Scaled Score	Raw Score	Age Score	Scaled Score
AUDITORY RECEPTION		4-0	16									
VISUAL RECEPTION					2-6	4						
VISUAL MEMORY											2-4	3
AUDITORY ASSOCIATION		0	0									
AUDITORY MEMORY								3-0	8			
VISUAL ASSOCIATION					2-2	2						
VISUAL CLOSURE											0	0
VERBAL EXPRESSION		5-0	24									
GRAMMATIC CLOSURE								2-4	2			
MANUAL EXPRESSION					3-6	12						
(Supplementary tests) AUDITORY CLOSURE												
SOUND BLENDING												

Sample profile from Illinois Test of Psycholinguistic Abilities, developed by Kirk, S.A., McCarthy, J.P., and Kirk, W.D., published by permission from the University of Illinois Press.

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"What can you tell by looking at this profile?" asked the Administrator.

Mr. Middle commented. "Well, I know the individual's chronological age (CA) is seven years and six months. He has a mental age (MA) of about three years and seven or eight months. And his language development (PLA) is at three years and four months. The scaled score for each subtest, as well as the PLA, tells me that the child is in very bad shape in terms of his language functioning except in his ability to express his needs verbally.

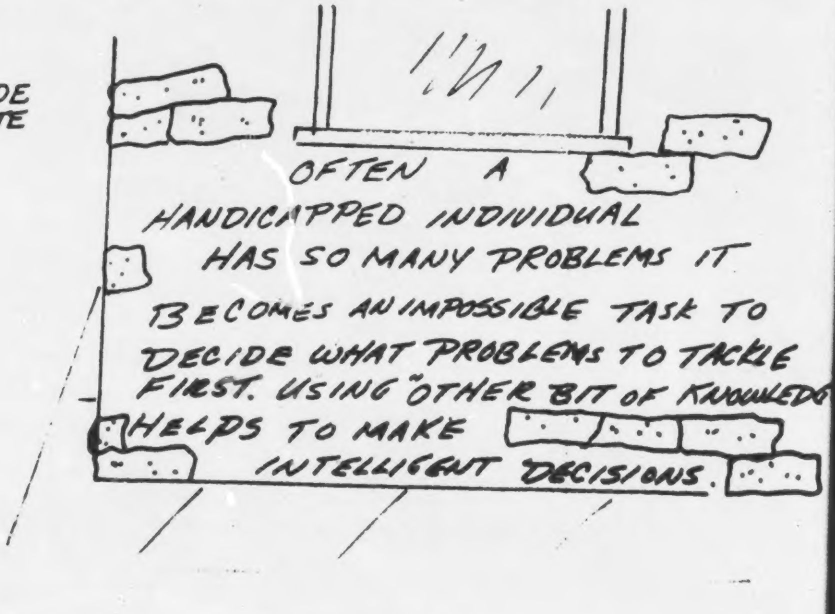
"So, where would I start planning a program for him since he is so low in everything?"

"That's easy," said Ms. Teachless. "First, I look at the individual's scaled scores to see which ones are significantly higher or lower than his average for the entire test. Then I look at the MA to find out the child's current ability level. Any scores lower than the MA indicate primary need areas. If the student doesn't have any hearing or vision problems, these areas should show improvement with appropriate instruction."

The Administrator smiled broadly, "Excellent! That is exactly how this assessment information should be used.

"Both of you followed the definition of student assessment exactly. First, you examined the individual data and then combined it with other knowledge. In this instance, the other knowledge is the individual's MA."

SIDE
NOTE



OFTEN A HANDICAPPED INDIVIDUAL HAS SO MANY PROBLEMS IT BECOMES AN IMPOSSIBLE TASK TO DECIDE WHAT PROBLEMS TO TACKLE FIRST. USING "OTHER BIT OF KNOWLEDG HELPS TO MAKE INTELLIGENT DECISIONS.

PEABODY PICTURE VOCABULARY TEST

The second formal assessment device chosen by the Administrator is the Peabody Picture Vocabulary Test (PPVT). The PPVT is an easy, quick test to administer but the resultant scores are often misinterpreted.

Let's listen in on the discussion...

> The Administrator is talking, "I want you all to become familiar with the PPVT. It has been chosen because it can be given by most professionals with a little practice, can be administered in about fifteen to twenty minutes, and is easy to score.
>
> "The test is designed for use with children from the ages of 2 1/2 to 18. However, there is some question regarding reliability when used with minority cultures and the more severely retarded.
>
> "Results are reported as an IQ score describing the individual's ability to use receptive language. This receptive language level is the degree to which a person understands visual and verbal information.
>
> "Administration is done by showing an individual a series of pages, each containing a set of four pictures, and instructing the child to indicate which picture corresponds to a specified spoken word, as 'show me' name of the object or action represented by one of the pictures.
>
> "The average IQ is from 90 to 109 with very slow learners scoring below 75 IQ. The range in standard deviations is similar to those described in the intellectual functioning portion of our discussion.
>
> "Are there any questions?"
>
> "Just one," asked Ms. Teachless. "The test measures receptive language just like the ITPA, but the ITPA tells us so much more. So, why should we use this test?"

Ms. Teachless asked an excellent question. And, these answers are the ones most often given:

The test takes only a short time to administer.

The test can be given and scored with very little practice.

The test gives a quick measure of receptive language.

The test is inexpensive.

The test is used to validate other tests.

The test has been used often in the past and has two forms which can be used for pre- and posttest comparisons.

6

As you see, many of the reasons are not very scientific nor do they fulfill specific student needs.

"There has always been a question of which formal devices should be used to assess a student," continued the Administrator, "In the case of why have both an ITPA and a PPVT on the same students, my immediate thoughts are, maybe there shouldn't be. It is true that the ITPA does, in fact, measure receptive language and is more specific than the PPVT.

"It is this sort of thinking you should become practiced in doing. That is why I have been introducing you to some formal devices.

"Remember, formal assessment information never offers a complete picture of a student, and scores rarely provide rigid, little changing data. If you remember these two points, you will be well on your way to becoming an effective user of formal information."

○	READ SUPPLEMENT A
	FURTHER DISCUSSION ON
○	PPVT INCLUDES:
	ADDITIONAL COMMENTS
○	ANSWER FORM
	ALSO DISCUSSION ON VINELAND

Be sure to read the information in Supplement A before attempting the next exercise. For those seeking additional information on these and other specific devices, you will want to check with a professional library. Also, if your instructional setting uses other texts, ask to review them.

IT ISN'T WHAT YOU DON'T KNOW THAT HURTS YOU. WHAT HURTS IS WHAT YOU KNOW BUT AIN'T TRUE. Will Rogers

Now let's see what you know.

USE WORKBOOK - ANSWER PROBLEM V

CHECK YOUR ANSWERS

Part A

Any one of the following are acceptable answers. Any other tests listed should be approved by your instructor or a qualified professional.

1. Adaptive Behavior Scale (ABS)

   Trainable Mentally Retarded Profile (TMR Profile)

   Balthazar Scales of Adaptive Behavior

   Denver Developmental Screening Test (DDST)

2. Illinois Test of Psycholinguistic Abilities (ITPA)

   Peabody Picture Vocabulary Test (PPVT)

3. The Purdue Perceptual-Motor Survey

   Frostig Developmental Test of Visual Perception (Frostig)

   Bender Visual Motor Gestalt Test (Bender-Gestalt)

   Occupational Therapists or Physical Therapists Report of Motor and Perceptual Development

   Motor Portion of DDST

4. Vineland Social Maturity Scale (Vineland)

   Children's Apperception Test (CAT)

   Draw-A-Person, Draw-Your-Family, House-Tree-Person

   ABS, Maladaptive Section

Part B

False 1. The PPVT IQ measures receptive language. The Binet IQ measures general intelligence.

True 2. Any formal test should accomplish this end.

False 3. These devices identify and sometimes suggest limitations of the individual, but usually are not specific enough to describe exact prescriptions for program planning.

True 4. The two parts of the ABS are designed to provide exactly this information.

False 5. The average scaled score of the ITPA is 36. Therefore, if a person averages a scaled score of 36 on the ITPA, it means he is doing what is expected of a normal person of the same age.

False 6. If the statement were true, we would not need a definition that contains information on both intellectual functioning and adaptive behavior.

False 7. One cannot make assumptions about the total person on a partial listing of strengths and weaknesses. That is the purpose of a definition which includes both adaptive functioning (such as language) and intellectual ability.

False 8. SQ is a Social Quotient: IQ is an Intellectual Quotient. They are related to each other to some degree but supply very different kinds of data.

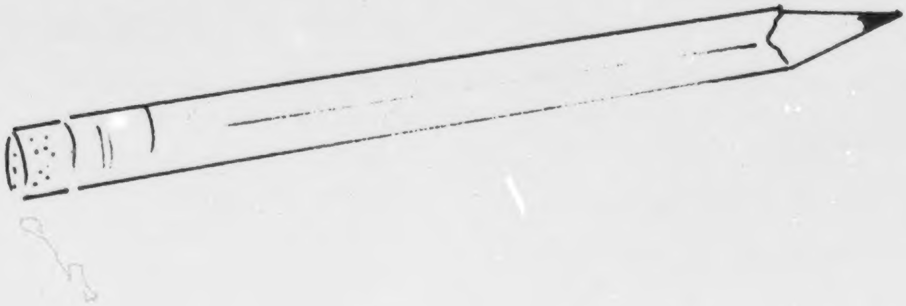
False 9. Many of the tests discussed in this unit are very simple to manage and score. The ABS and PPVT are two such devices.

True 10. It is important to see a total picture of an individual. A set of tests which measures a wide range of adaptive behavior helps to narrow the areas of student concern.

> The clues these devices provide can save a teacher considerable time in determining what further assessment (formal or informal) is necessary.

This exercise should have been easy. Most mistakes are probably due to not reading the material in Supplement A.

MAKING THE POINT



Before closing the discussion on formal assessment, three additional points should be stressed.

First, the most important reason for using a particular assessment device is because it provides useable data about a student or group of students in a specific area of concern. This is easier to determine when you already have goals and objectives written for your program.

Second, caution must be exercised in the use of some assessment devices suggesting that another test may be more suitable. For instance, it is common to see scores reported in the student folder which may have little meaning because the test is rarely used by anyone. These tests should be avoided unless there is ample opportunity to learn about them.

Third, a particular device, adequate in the past, may no longer be of value. However, its use is continued because of program policy and its past relevance in providing useful student information. If this is the case, a more appropriate test should be substituted.

Our discussion of formal assessment devices is over. However, the subject area has only been scratched. It is now up to you to develop further expertise.

If any tests are available, try them out on a friend or one of your students. Remember such scores should not become an official part of the student case study file. Practicing with the test is one of the best ways to gain a better understanding of its usefulness.

Before attempting the Unit Assessment, review the objectives on page 2.1. Then reread Unit II, your workbook exercises, and Supplement A.

USE WORKBOOK- ANSWER UNIT II ASSESSMENT

Unit III: Pinpointing and Tracking with Informal Assessment Procedures

Unit Goal

Individual will be able to use informal assessment techniques.

Unit Objectives

1. Individual, given student data, can pinpoint the specific level of student ability in a single skill area.
2. Individual, given student data, can determine if that student's entry level behaviors are adequate to begin learning a pinpointed skill.
3. Individual, given student data, can pinpoint a skill deficiency in one or more of the following domains: mental, physical, and social adjustment.
4. Individual, using student data, can determine the relative strengths of that student's sensory input modalities.
5. Individual, using student data, can develop a listing of effective reinforcers.
6. Individual, given student data, can determine that student's learning style.

Unit Content

Look Before Leaping

Task Analysis   Task Analysis   Task Analysis

How Does It Look Altogether?

Review of Domains

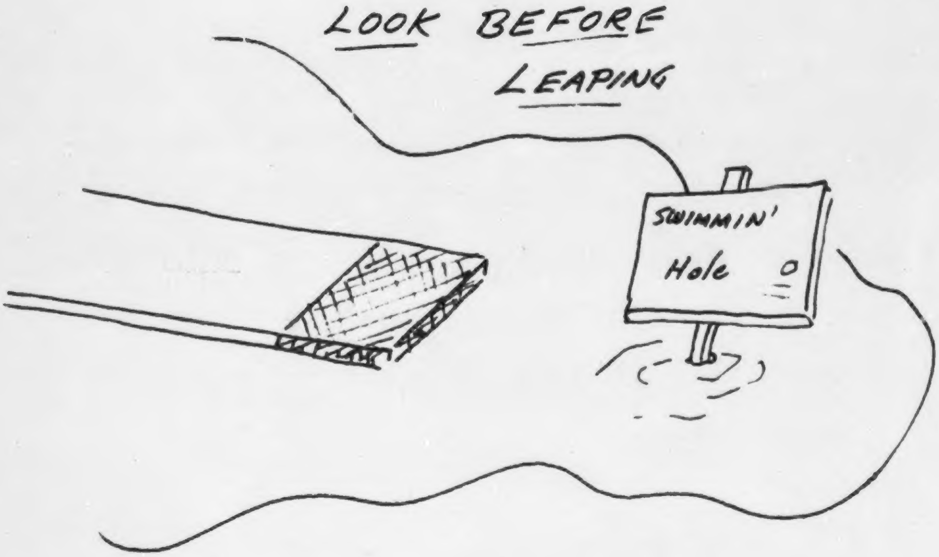
Vot Ist Learnink Modalities?

Students Have Different Learning Styles.

Determining the Best Reinforcers.

Average Worktime

2 Hours



This unit depends on your skill in writing learner goals and objectives. If you lack confidence in your skill, review texts on goal and objective writing. (Goalguide by Padzensky and Gibson is an excellent reference.)

The following review summarizes some of the major points of goal and objective writing you will need to know.

Review of Learner Goal

Definition: A goal is a broad general statement of program intent.

EXAMPLES:

Good:	Learner demonstrates ability to use numbers.
Poor:	Learner can count to ten (goal is too narrow).
Poor:	Teacher will provide adequate opportunity for student to learn number use (statement is a teacher goal, not a student goal).

Review of Learner Objective

Definition: A learner objective is the description of a learning outcome which includes an observable behavior, a criterion, and the conditions of performance.

Sometimes the criterion and conditions of performance are difficult to determine. For example, "Without assistance" may be either the condition, criterion, or both.

Sometimes the criterion and conditions are not specified; they are implied. The reader then understands the criterion to mean 100 percent of the time, and the conditions to be easily inferred by all readers. The condition in the statement, "Learner will walk upstairs independently," is easily understood by all readers. It is hardly necessary to say, "Given a set of stairs."

EXAMPLES:

Good: On request without teacher (the condition) learner verbally rote counts to ten (the behavior) without error during three consecutive trials (the criterion).

Poor: Learner verbally counts to ten 60 percent of the time. (Conditions are poorly phrased since the statement does not denote whether the learner uses objects, numbers, or other forms of assistance.)

(Criterion does not signify if 60 percent means three out of five times, six out of ten times, etc.)

Keep in mind the purposes of objectives.

1. Objectives benefit the student because they provide a base for evaluation of individual learning.
2. Objectives benefit the instructor because they provide a base for evaluation of instructional effectiveness.
3. Objectives inform other professionals what specifically is to be learned, thus, providing continuity to a learner's program.

Review of Terminal and Subobjectives

All objectives can be considered as a terminal or subobjective. The terminal objective is the end behavior the student is expected to obtain. The steps taken to learn that behavior, a little bit at a time, are the subobjectives of the terminal objective.

TASK ANALYSIS TASK ANAL YSIS TASK ANALYSIS TAS K ANALYSIS TASK ANALYSIS

This is how it works. The writing of subobjectives under a terminal objective is called task analysis. And the complete set of all objectives needed to learn a specific skill is called a task analyzed program.

Task analysis is a very important part of informal assessment. It not only becomes your instructional plan, but also becomes your evaluation device.

The following equations should help you see why going from using learner objectives for designing programs to using the same objectives for assessing student skills is a very simple process.

Terminal Objectives = Desired Level of Skill Development

Subobjectives = All the Steps It Takes to Learn the Skill

Terminal Plus Subobjectives = Task Analysis

The Administrator is showing the teachers an example. Let's drop in on them.

"Here is an item from the ABS dealing with number skills."

V. Numbers and Time
  41. Numbers (check only ONE)
    ☐5 Does simple addition and subtraction
    ☐4 Counts ten or more objects
    ■3 Mechanically counts to ten
    ☐2 Counts two objects by saying, "one...two"
    ☐1 Discriminates between "one" and "many" or "a lot"
    ☐0 Has no understanding of numbers reproduced from Adaptive Behavior Scale

"The ABS as a formal assessment device indicates an area of general weakness. Now I want to show you a task analyzed program based on this information. We want to move the student from mechanically counting to ten to counting ten objects."

(The Following program has been modified from Curriculum-Cumulative Progress Report for Teachers of the Trainable Mentally Retarded. Corvallis School District 509 J, Oregon, 1971.)

Terminal Objective: Individual, given 10 objects, upon verbal command only, "Give me ____ things," indicates the correct number of requested objects for all numbers presented at random from one to 10 in three consecutive trials.

Materials: Any 10 similar objects such as blocks, pencils, chips, etc.

Method: Teacher begins with the exact number of objects required by the particular subobjective and adds one more at a time until a maximum of ten objects are used

Criterion: Individual can perform the required task without error in three consecutive trials before beginning the next subobjective.

Subobjectives:

1. Individual, given 10 objects, on command, "Give me one thing," can indicate one object.
2. Individual, given 10 objects, on command, "Give me two things," can indicate two objects.
3. Individual, given 10 objects, on the random command, "Give me one thing, give me two things," can indicate the appropriate number of objects.
4. Say, "Give me three objects.
5. Say in random order, "Give me one, two, three things."
6. Say, "Give me four objects."
7. Say in random order, "Give me one, two, three, four, five things."
8. Say, "Give me five things."
9. Say in random order, "Give me one, two, three, four, five things."
10. Say, "Give me six things."
11. Say, "Give me one, two, three, four, five, six, things."
12. Say, "Give me seven things."
13. Say, "Give me one, two, three, four, five, six, seven things."
14. Say, "Give me eight things."
15. Say, "Give me one, two, three, four, five, six, seven, eight things."
16. Say, "Give me nine things."
17. Say, "Give me one, two, three, four, five, six, seven, eight, nine things.
18. Say, "Give me ten things."
19. Terminal Objective. Say, "Give me one, two, three, four, five, six, seven, eight, nine, ten things.

Entry Level Skills

It is entirely possible the student is ready to begin learning a skill. But, we don't know that for sure.

One of the major problems in selecting a program within your instructional plan is deciding whether the student is ready. We are not talking about setting learning priorities, but determining a set of prerequisite skills needed before efficient learning can take place. These are called entry level skills.

Definition

ENTRY LEVEL SKILLS are all those behaviors a student must know before efficient learning can take place, and are acquired by the student prior to beginning the task analyzed program.

In order to learn the skill specified in the task analyzed example, the student must first be able to accomplish several other skills. One such entry level skill is being able to mechanically count to 10 which has already been determined by the sequence of tasks from the ABS on page 3.4.

Many skills necessary for student development have common beginning behaviors. It would be foolish to train for them each time you decide to teach a new skill. Some of these are: following directions, being able to model the teacher, holding an object, pointing to something, and matching by rote memory. For more complicated tasks, the terminal skill of one program becomes a required entry level skill of another.

> The Administrator continued, "Look back at the counting program. Can any of you name one entry level skill?"
>
> "Well, the student must be able to rote count from one to ten," popped up Mr. Middle. "And, according to the ABS score, the child already has developed this skill."
>
> "Good thinking, Mr. Middle!" replied the Administrator. "Now see if you can determine at least two more entry level skills."

This is a good opportunity to test your understanding of entry level skills. By doing the exercise you will begin to see how really simple this concept is to understand.

USE WORKBOOK- DO PROBLEM VI

CHECK YOUR ANSWERS

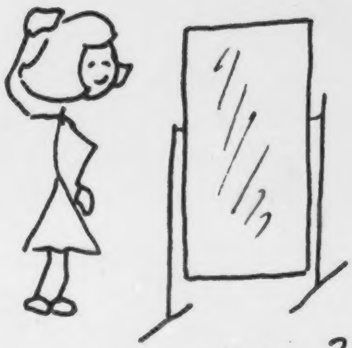
If you listed less than three entry level skills, you are being lazy. So go back and complete the exercise before reading further.

The following list has been compiled from several sources. Often, the entry level skills are terminal objectives used in learning previous skills. If you have listed other entry level skills and believe they are necessary, show them to your instructor for final approval.

The skills do not need to be written in any special order.

1. Student can place a group of up to 10 objects in one-to-one correspondence with another group of objects.
2. Given a group of 10 objects, learner stops rote counting on any requested number from 1 to 10.
3. Given two dissimilar groups of up to 10 objects, the learner can determine if the groups are equal or unequal.
4. Individual can rote count to 10 while pointing to one object at a time in a line of 10 objects.
5. Individual is physically capable of designating one item of a group.
6. Individual can hear verbal directions.
7. Individual can rote count to 10 and touch objects simultaneously.
8. Individual can rote count to 10 with a one-second interruption without having to restart the count.

HOW DOES IT LOOK ALL TOGETHER?



"But how does this all fit together as part of assessment?" Ms. Doless moaned. "This is too complicated for my weak mind."

"Not for me," smiled Ms. Teachless. "Let me explain. "Once there is a complete set of task analyzed objectives plus some entry level skills, we should have a very nice program which can be used for informal assessment as well as for instruction.

"For example, we can now assess the students who are having problems counting objects and see where they are. Then we can put each one on his own step and provide for individualized instruction in that skill area."

Right on, Ms. Teachless! This is exactly how it should work. The following format has been designed to assess a student's skill level in counting objects from one to ten. The subobjectives (#1-18) and terminal objective (#19) are the same as those on page 3.5.

Goal: Learner Can Use Numbers in a Meaningful Way

Terminal Objective:

Individual, given 10 objects, upon verbal command only, "Give me _____ things," indicates the correct number of requested objects for all numbers presented at random from 1 to 10 in three consecutive trials.

Materials: Any 10 similar objects such as blocks, pencils, chips, etc.

(Check if student can accomplish, give a "0" if he cannot)

Trials			Program Objective	
1	2	3	19	Terminal Objective
___	___	___	18	
___	___	___	17	
___	___	___	16	
___	___	___	15	
___	___	___	14	
___	___	___	13	
___	___	___	12	
___	___	___	11	
___	___	___	10	
___	___	___	9	

Trials			Program Objective
1	2	3	8
___	___	___	7
___	___	___	6
___	___	___	5
___	___	___	4
___	___	___	3
___	___	___	2
___	___	___	1

Entry Level Skills
(Developmental Order of Entry Level Skills Is Not Necessary)

___	___	___	1
___	___	___	2
___	___	___	3

You may have noticed that each program objective and each entry level skill has spaces for three trials. This is done because of the required number of trials to criterion for the terminal objective. If the criterion in the terminal objective is two or possibly one-out-of-two, then only two spaces need to be supplied. The number of trials to criterion can vary according to the student, the specific skill level desired, or your agency demands.

Whatever the number of trials you select for a program, be sure you are consistent. Your data always will be easier to report and you can be more certain of student success. This point will be discussed in Unit VI in the section "Now What? Johnny Still Isn't Learning."

Before continuing, let's review task analysis techniques.

Task analysis techniques are used to determine the exact level of skill development.

Included in these techniques are:

1. Writing terminal objectives which describe desired end behaviors;
2. Breaking terminal objectives into subobjectives which describe skills leading to end behaviors;
3. Listing all the entry level skills a student needs before learning can take place; and
4. Measuring the level of student skill by matching the list of tasks with the student's entry level skills to determine exactly where to begin instruction.

Now back to the Administrator and teachers.

"Wait a minute!" exclaimed Ms. Teachless. "I have a feeling the three domains of human behavior, mental skills, physical skills, and social adjustment skills, are part of informal assessment."

Ms. Teachless is on to something new.

"Good thinking, Ms. Teachless," said the Administrator. "You are talking about domain analysis, another informal assessment technique. Domain analysis helps us determine if a needed skill is in the mental, physical, or social adjustment domain."

Now let's stop for a short review of the domains which were presented in an earlier training manual of this series.

REVIEW OF DOMAINS

The three domains have been detailed by Bloom in Taxonomy of Educational Objectives which is an excellent resource. A second resource, Goalguide, Padzensky and Gibson, offers considerable discussion and illustration in the use of domains in program planning for the handicapped.

This short review serves only as a reminder of definitions used in Goalguide.

Domains Provide

A system to examine curriculum balance in physical, mental, and social adjustment skill areas.

Mental Skills include those behaviors necessary to acquire and use knowledge effectively. This skill domain includes what a student should know, comprehend, or understand in the areas of self-management, communication, employment, and recreation-leisure time behaviors.

Physical Skills include those motor behaviors required for an individual to function in his environment. Objectives in this domain are concerned with body movements or manipulation of a tool or object.

Social Adjustment Skills include those personal and interpersonal behaviors necessary to function appropriately within the norms of society. This domain emphasizes feelings and emotions and objectives dealing with behaviors such as talking out and nonwillingness to interact with the group.

Meanwhile Ms. Doless is frowning at the Administrator.

"I don't see why we have to know that."

"Let me show you some examples," began the Administrator, passing around some mimeographed sheets. "These sheets contain three examples of the counting program we've been discussing. Each example is the profile of a different child."

Example I

Goal: Learner can use numbers in a meaningful way.

Terminal Objective: Individual, given 10 objects, upon verbal command only, "Give me _____ things," indicates the correct number of requested objects for all numbers presented at random from 1 to 10 in three consecutive trials.

Materials: Any 10 similar objects such as blocks, chips, etc.

Check Off If Accomplished

Trials

1	2	3		
0	0	0	19	Terminal Objective (Test for This Item First)
			18	
			17	
			16	
			15	
			14	
			13	
			12	
			11	
			10	

Trials

1	2	3	
			9
			8
			7
			6
			5
			4
0	0	0	3
0	0	0	2
✓	✓	✓	1

Entry Level Skills

✓ ✓ ✓ 1. Can rote count to ten.

✓ ✓ ✓ 2. Can hear directions.

✓ ✓ ✓ 3. Can physically indicate a single object.

✓ ✓ ✓ 4. Can match a group of up to 10 objects from a pile of other objects.

✓ ✓ ✓ 5. Can attend to a task for 10 minutes

Example 2

Goal: Learner can use numbers in a meaningful way.

Terminal Objective: Individual, given 10 objects, upon verbal command only, "Give me _____ things," indicates the correct number of requested objects for all numbers presented at random from 1 to 10 in three consecutive trials.

Materials: Any 10 similar objects such as blocks, chips, etc.

Check Off If Accomplished

Trials 1	2	3		
O	O	O	19	Terminal Objective (Test for This Item First)
__	__	__	18	
__	__	__	17	
__	__	__	16	
__	__	__	15	
__	__	__	14	
__	__	__	13	
__	__	__	12	
__	__	__	11	
__	__	__	10	

Trials 1	2	3	
__	__	__	9
__	__	__	8
__	__	__	7
__	__	__	6
__	__	__	5
__	__	__	4
__	__	__	3
O	O	O	2
O	O	O	1

Entry Level Skills

✓ ✓ ✓ 1. Can rote count to ten.

✓ ✓ ✓ 2. Can hear directions.

O O O 3. Can physically indicate a single object.

O O O 4. Can match a group of up to 10 objects from a pile of other objects.

✓ ✓ ✓ 5. Can attend to a task for 10 minutes.

Example 3

Goal: Learner can use numbers in a meaningful way.

Terminal Objective: Individual, given 10 objects, upon verbal command only, "Give me _____ things," indicates the correct number of requested objects for all numbers presented at random from 1 to 10 in three consecutive trials.

Materials: Any 10 similar objects such as blocks, chips, etc.

Check Off If Accomplished

Trials 1	2	3		
O	O	O	19	Terminal Objective (Test for This Item First)
___	___	___	18	
___	___	___	17	
___	___	___	16	
___	___	___	15	
___	___	___	14	
___	___	___	13	
___	___	___	12	
___	___	___	11	
___	___	___	10	

Trials 1	2	3	
___	___	___	9
___	___	___	8
O	O	O	7
O	O	O	6
O	✓	O	5
✓	O	O	4
✓	O	O	3
O	O	✓	2
O	✓	✓	1

Entry Level Skills

✓ O ✓ 1. Can rote count to ten.

✓ ✓ ✓ 2. Can hear directions.

✓ ✓ O 3. Can physically indicate a single object.

✓ O ✓ 4. Can match a group of up to 10 objects from a pile of other objects.

O ✓ O 5. Can attend to a task for 10 minutes.

BEST COPY AVAILABLE

"Well, if the student cannot do one of the skills. I would begin the program at that subobjective or entry level skill," concluded Mr. Middle.

Ms. Teachless looked perplexed. "That would be OK for the first example. I would start instruction at Subobjective 2 because the skill deficiency seems to be in the mental skills domain. This means I can teach directly to the task analyzed program.

"But the other two examples have me puzzled. In Example 2, the student has not learned all the entry level behaviors. Entry level skill Number 3 appears to be a physical skill and Number 4 seems more like a mental skill. I would have to decide which one to teach first, or maybe I could teach them at the same time."

"It really depends on your program priorities and if the student can handle more than one learning task at the same time," said the Administrator. "These concerns should be listed in your write-up of student needs. The final determination of the teaching sequence is part of what I call program design. This will be covered in a later inservice workshop."

"Good," smiled Ms. Teachless, "but I still don't understand Example 3."

"Let me give you a hint," answered the Administrator. "The solution to Example 3 lies in the erratic pattern of successes and failures on the criterion trials. The pattern shows us that the student's deficiency may be more than a mental or physical skill weakness."

The Administrator is hinting that the student may be experiencing the social adjustment problem of attending to the required task.

Unless social adjustment skills are emphasized, an undue strain may be placed on both the teacher and the learner which may cause the student to turn off the teacher or to learn at a slower rate.

It is important to determine if a program is in the proper domain because this is the basis for your reinforcement system. Mental and physical domain skills are set up with reinforcement for a desired attitude or conversely with reinforcement for the absence of undesired attitudes.

The following checklist should help pinpoint the appropriate domain in which to begin the instructional program.

Assessing Student Problems
By Domain Analysis

Weakness is in the physical domain if:

1. Student cannot manage the fine or gross motor manipulations required by a mental skill. This also must be observable in the motor movements of similar skills (brushing lint off a coat---erasing a blackboard).
2. Student has an observable difficulty when physically handling equipment or materials required for accomplishment of a desired skill.
3. Student is not physically capable of maintaining the strength required to accomplish a desired skill.
4. Student does not seem to have any serious weakness in the social adjustment domain.

Weakness is in the mental domain if:

1. Student does not seem to have a problem in the physical domain.
2. Student can do randomly varied subobjectives of the program (this may mean that the skills have not been taught in sequence).
3. Student is consistently weak in the same mental task. When such a weakness is observed in an entry level skill, this skill should be developed before proceeding with the terminal and subobjectives.
4. Student does not seem to have any serious weakness in the area of social adjustment.

Weakness is in the social adjustment domain if:

1. Student can do some or all of the required tasks but is inconsistent in quality, quantity, and/or duration.
2. Student does not perform task under varying conditions or at appropriate times. The individual may perform well in the classroom or when cued but not under actual conditions.

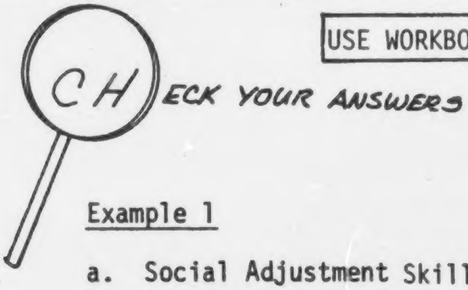
Ms. Teachless' eyes lit up, "Say, if a student is having a great deal of trouble in a particular program, it may be that the objectives are in the wrong domains."

The Administrator smiled, "Good point, Ms. Teachless. How much luck would you have in teaching ball bouncing skills when the student can't hold a ball? Or, how much luck would you have teaching any skill if the student has a short attention span?

"I could go on and on, but I think you teachers are ready to do a domain analysis."

Now, dear reader, you have a chance to analyze domains in the workbook. For each example, determine the weaknesses by domain and then state the skill at which you would begin training.

USE WORKBOOK- ANSWER PROBLEM VII



Example 1

a. Social Adjustment Skills Domain

b. Start with Entry Level Skills: Student responds to verbal sounds.

The scattering of successes and failures indicates the student is experiencing some social adjustment problems.

Since the child responds, at times, to his own name, the weakness is in attending to verbal sounds rather than in hearing acuity. At the beginning of the program, rewards should be given for attending behaviors.

Example 2

a. Mental Skills Domain

b. Begin with Subobjective 5.

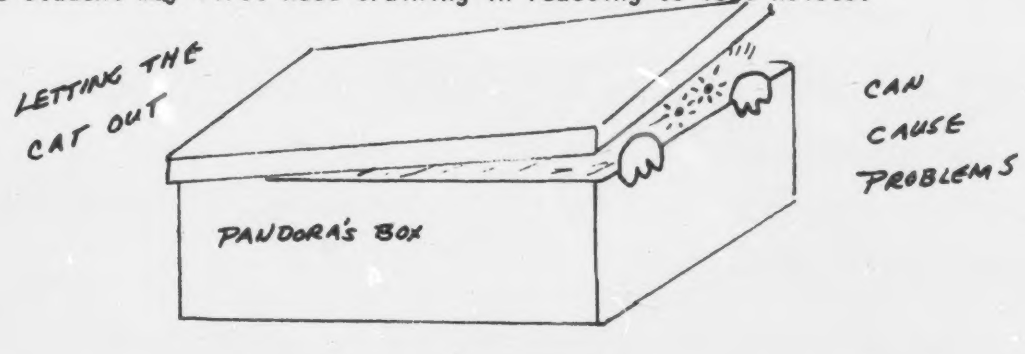
The example clearly shows the student can perform all the entry level skills and Subobjectives 1 - 4. Another acceptable answer is a recommendation to retest Step 4 to be sure the student knows it. Many behavior management specialists suggest this interim activity before beginning a new subobjective.

Example 3

a. The answer may be any or all of the domains.

b. Begin training with a task analyzed program on Entry Level Skill 2.

There are no incorrect answers to "a" without knowing more about the student. When a student is performing at this level, the program decision is very complex. It is entirely possible this program is too advanced and the student may first need training in reacting to loud noises.



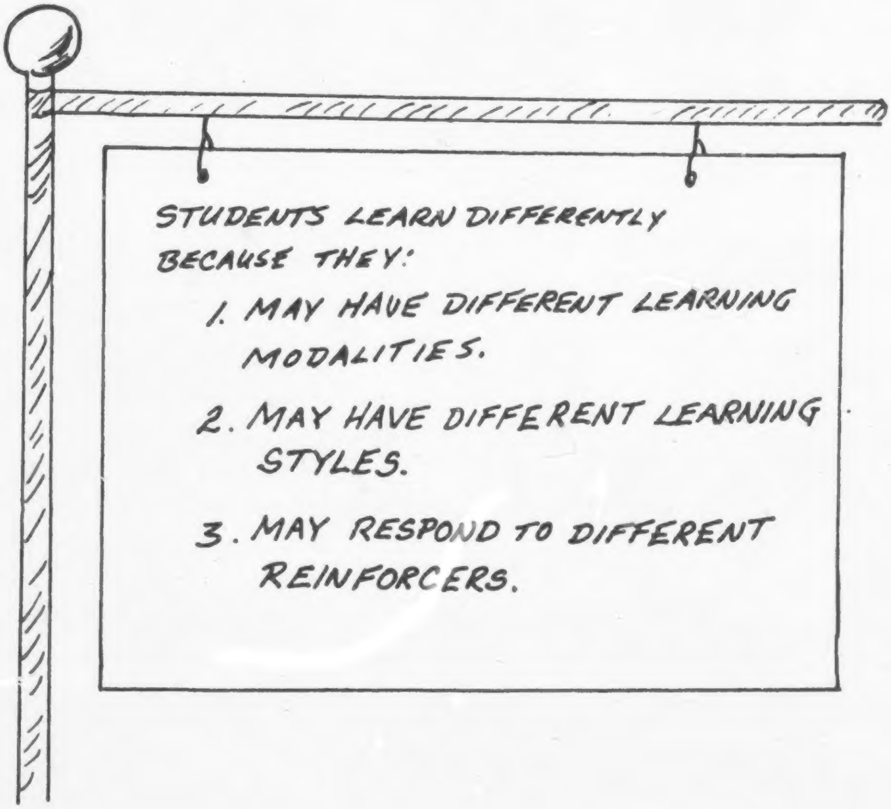
Ms. Teachless frowned, "I've been thinking about informal assessment. Can I use these techniques for group lessons? For instance, if I have three kids who are at the same level of skill development in object counting, can I teach them as a group?"

"Yes, as long as they are at about the same level and the skill is a priority item," replied the Administrator.
"But! You may need to have slightly different programs for each one. Does anyone know why?"

"I suppose because students learn differently," answered Ms. Doless.

"Right," smiled the Administrator. "However, in addition to dissimilar levels of skill development, learning differently implies three things."

The Administrator turned to the board and wrote:



STUDENTS LEARN DIFFERENTLY BECAUSE THEY:

1. MAY HAVE DIFFERENT LEARNING MODALITIES.
2. MAY HAVE DIFFERENT LEARNING STYLES.
3. MAY RESPOND TO DIFFERENT REINFORCERS.

VÖT IST LEARNINK MODALITIES?

The Administrator continued...

"Learning modalities refer to the senses through which we receive or respond to information. Before going any further, I think it might be helpful if I wrote them on the board."

Learning Modalities	Senses
Tactile-Kinesthetic	Touching-Moving
Auditory	Hearing
Visual	Seeing
Olfactory	Smelling
Gustatory	Tasting

"These five senses are the primary learning modalities.

"The ability to use them is different in each one of us. This is especially true with handicapped individuals, since many of these persons have a disability in one or more of the learning modalities.

"Another important point to remember is that we usually use the learning modalities in combination with each other rather than in isolation."

"OK, OK," interupted Ms. Doless. "Now what do we need to know to assess learning modalities?"

Let's help out the Administrator.

To assess a student's learning modalities, we use observational and formal assessment data. First, we need to know what clues to look for when observing an individual and how to put this information together. Second, formal tests, like the ITPA and the WISC, provide much useful information about modality strengths and weaknesses.

The easiest way to determine modality strength or weakness is to observe your students in their daily school activities. Very quickly you will be able to determine if a particular student learns best through touching, seeing, hearing, or in combination with each other.

The three major modalities that will be discussed are:

Tactile-Kinesthetic Visual Auditory

The following are some simple observational techniques that can assist you in determining relative strengths and weaknesses in the three basic learning modalities.

Ways to Determine Strength of the Tactile-Kinesthetic Modality

1. Recognizes an object by touch.
2. Identifies a number drawn on back of the hand.
3. Discriminates between rough and smooth.
4. Discriminates between different water temperatures.
5. Identifies which finger is being touched.
6. Discriminates between different weights.
7. Exhibits well-developed gross and fine motor skills, including movement and balance on different surfaces (e.g., inclines, balance beam, steps, etc.).

Ways to Determine Strength of the Visual Modality

1. Exhibits problem with balance if blindfolded but appears to have adequate balance when allowed to see.
2. Discriminates between colors and shapes.
3. Ducks under an object without bumping head.
4. Matches pictures with objects such as photographs of class with classmates.
5. Finds individual items in a picture. A more difficult task is to find objects hidden in a picture (figure-ground perception).
6. Understands the intent or message of an action picture.

7. Holds paper and pencil (crayon) at normal slant. Unusual slants of paper and pencil, or head tilt, may indicate visual-perception problems.

Ways to Determine Strength of the Auditory Modality

1. Follows oral directions.
2. Repeats oral information.
3. Discriminates between different sounds such as familiar environmental sounds, variations in tone, emotionally charged vocalizations (happy-sad, laughing-crying, safe-frightened).
4. Locates direction of sound (blindfolded).
5. Knows own name, names of others, names of objects, etc.
6. Repeats sounds.

Seldom does an individual use only one modality at a time. This requires the teacher to be cautious in the assessment process. When evaluating one modality, try to eliminate the others. For example, a dark room or blindfold cuts out the visual modality. Loud music reduces the use of the auditory modality. Having the student lay down or sit in a chair reduces the use of the tactile-kinesthetic modality; wearing gloves also may help.

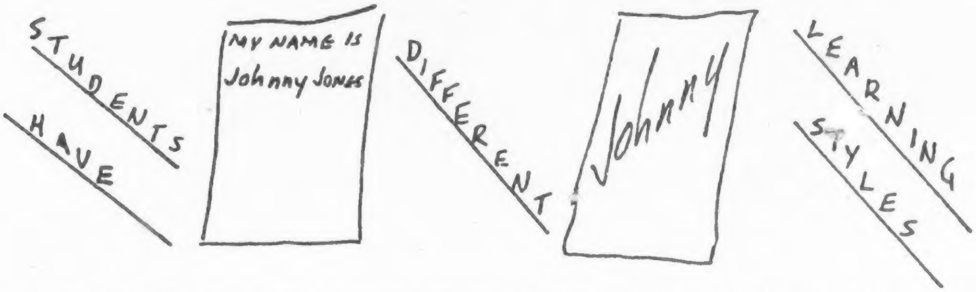
EVERYTHING IS CLEAR,
RIGHT?

ANSWER: WRONG

No one goes through life using only one modality at a time. Tying shoes, drawing with crayons, and walking upstairs require a combination of several modalities, as do most activities.

In planning a training program, determine which combination of modalities is necessary for the successful completion of a task or for entry level skills. In doing so, you may find it necessary to train a child in effective use of a particular modality, or you may need to modify the program so the child can learn through his strong modalities. This process will be discussed in a subsequent inservice workshop. Remember, we are concerned only with assessment techniques at this time.

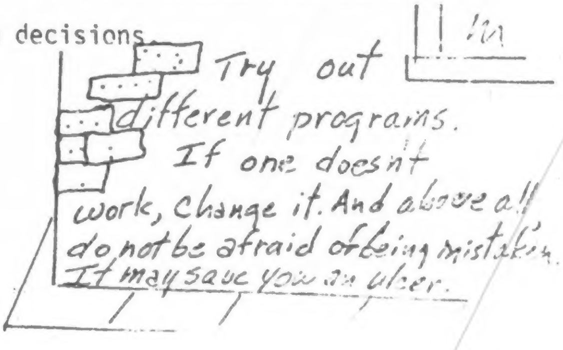
We have not described all the modality assessment procedures, but we have attempted to give you a foundation on which to build. Try out the ideas and before long you will be adding more to the list.



Students with different learning styles give many teachers ulcers. This occurs because most teachers are not prepared to assess a student's learning style.

This information is not hard to find. As in assessing for reinforcers, you already have the information about a student's learning style in the case study folder. Some of the best clues are the additional comments on the test record forms provided by the examiner. However, you should observe the student in the classroom before making any firm decisions.

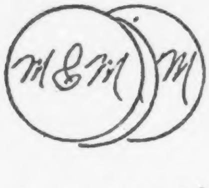
SIDE Note



Try out different programs. If one doesn't work, change it. And above all do not be afraid of being mistakin. It may save you an ulcer.

These questions should help you make appropriate decisions about the student's learning style.

1. Does the student work best alone, in a small group, or does size of group make little difference?
2. Does the student require a very quiet setting or can he or she work with distractions?
3. Does the student require considerable teacher support or can he or she complete an entire task before checking with the teacher?
4. Can the student work on only one task at a time or several?
5. Can the student handle one direction at a time or several?
6. Can the student begin a different task soon after completion of another task?
7. Is the student willing to attempt a new skill without hesitation?
8. How long can the student attend to an easy task? A difficult task? A new task?
9. Is the student motivated by his own accomplishments, so that quality level remains constant or improves?
10. Can the student model a new or difficult activity?
11. Does the student need to see the reinforcer or can it be hidden and/or delayed?
12. What types of activities seem to motivate the student most? Least?



or

or

SUE	☆☆	
JANE	☆☆☆☆	
HERB	☆	

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DETERMINING THE BEST REINFORCERS

Many of you already have training in behavior management techniques. If so, the following discussion may be old hat. Still, from time to time, most of you have said such things as:

"I know what good reinforcers are, because I choose a reinforcer I like."

"I don't care if food is a good reinforcer; I don't believe in it."

"I just can't find anything that motivates that kid."

"There just isn't enough time to hand out reinforcers."

Some of these statements refer to method. If you are a little hazy about behavior management methods, we suggest that you read one or more of the many books on the subject.

The other statements refer to the process of determining effective reinforcers. It is this area we are interested in when discussing assessment.

3 WAYS TO DETERMINE REINFORCERS:

1. Observe the student for several consecutive days. List everything he does on his own and for how long. It would be wise to observe his eating habits to find out what foods he likes best. Use the items for reinforcement which seem to appeal most to the student.
2. Ask the student what he likes. This listing can serve as a set of reinforcers but generally is not as accurate as the list developed through observation.
3. Experiment with several items you think may be reinforcers. Those that seem to develop and maintain productive activity may be considered as effective reinforcers.

More complete discussions on determining reinforcers are found in most books on behavior modification techniques. The most important fact to remember when developing a list of effective reinforcers is not to mandate them from personal feelings but to observe the student's reactions to the reinforcers.

We have been talking about positive reinforcers only. However, when looking for reinforcers to reduce undesired behaviors, you still would use the same three techniques, but the type of reinforcers would differ. For instance, a time out procedure may work well when the student enjoys social contact. Or, perhaps just turning your head away will reduce the frequency of that behavior.

You already know how important it is to evaluate skill development through informal assessment activities. The same is true for choosing effective reinforcers. Remember to use reinforcers common to the student's environment because it helps to maintain the behavior. Another point to remember is that some reinforcers lose their power after a while. These reinforcers should be changed.

WHY DOES A REINFORCER WORK FOR ONE PERSON AND NOT FOR ANOTHER?

It simply means that what is appealing (reinforcing) for one person may not be reinforcing for another. We are individuals with different likes and dislikes. This is one of the most important reasons for using the three techniques for determining reinforcers.

The next exercise in the workbook will test your newly acquired knowledge of learning modalities, reinforcers, and learning styles and their uses in effective assessment. If you are uncomfortable with any of these points, review them before tackling the workbook.

Now, take a deep breath and here we go!

ROLLAR COASTER

USE WORKBOOK - ANSWER PROBLEM VIII

CHECK YOUR ANSWERS

The short resume of Michael is an example of teacher reports commonly found in student record folders. A person knowledgeable in assessment can benefit greatly from such an apparently "unscientific" document. Let's see how you did.

1. The order of modalities should be easy. If you missed the order, review the discussion on modalities.

   Strongest - to - Weakest
   Auditory or Hearing, Tactile-Kinesthetic or Touching, Visual or Seeing.

   Very strong - auditory example
   - stories he has heard and usually can remember them in great detail.

   Somewhat stong - tactile-kinesthetic examples
   - responds well to praise from me but the other teachers cannot get close to him.
   - likes the playground and will go from one piece of equipment to another.

   Weak - visual examples
   - writing is poor.
   - cannot follow a line.
   - name sprawled across entire page.

2. Any of the six listed below are correct. Remember, reinforcers come in all shapes, sizes, and colors.

   Teacher Praise
   Teacher Attention (one-to-one)
   Playground Time
   Telling Stories
   Desserts
   Hearing Himself

3. Knowing a student's learning style is an extremely important part of knowing about the student. If you were unable to list four clues, review the twelve questions provided in the discussion of learning styles.

You may not be happy about some of the learning styles, but do not let this stop you from listing them. Before looking at the following list, you may care to add additional clues found in the exercise.

1. Self-motivating in auditory activities.
2. Self-motivating in playground activities.
3. Willing to try new things with very little coaxing.
4. Works best in one-to-one situations.
5. Has short interest (attention) span on any single activity.
6. Works better without distractions.
7. Only one activity should be available at a time.
8. Is nonselective, meaning there is no apparent favorite activity, except maybe eating dessert.
9. Quality of own work does not seem to motivate better work. (Being praised for repeating stories does not carry over into other activities.)
10. Appears to learn best through listening activities.

You have made it this far. Before attempting the Unit Assessment, review the objectives on page 3.1 and, reread Unit III and your workbook exercises. Then turn to the workbook and complete the section by doing the Unit III Assessment.

USE WORKBOOK- ANSWER UNIT III ASSESSMENT

Unit IV: Collecting and Reporting Informal Assessment Data

Unit Goal

Individual will be able to collect and report informal assessment data.

Unit Objectives

1. Individual, given a listing of student behaviors, can chart rates of those behaviors.
2. Individual, given rates of behavior, can graph those rates.
3. Individual, given data about several students, can report the group's progress on a single table or graph.

Unit Content

Data Collection or Trash Collection

Counting Behaviors

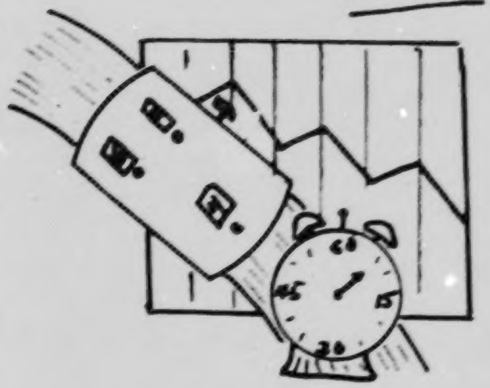
Let's Review

Grouping or Grappling with Class Data

Average Worktime

1 Hour 30 Minutes

DATA COLLECTION



OR

TRASH COLLECTION

If you have gained a fairly good idea of informal assessment information from Unit III, Unit IV should flow smoothly. In this unit, you will combine what you already know about a student and record that information on charts and graphs. Do not become uptight at this thought; it is really quite simple once you get into it.

Data collection is a major concern to all of us. The age of accountability is here. This means that we must prove how well or how poorly students are learning. By maintaining data, a judgment can be made on the success of instructional programs.

> Ms. Doless exclaimed, "Collect and record data! That's all I need to make my work load even more strenuous. What is the good of making marks on a chart?"
>
> "Yes," agreed Ms. Teachless, "We have so much paperwork that I'm beginning to wonder where there is a place for more!"
>
> The Administrator interrupted the teachers before they could go-on. "Data collection is a vital part of the assessment process and is nothing more than counting behaviors in some organized manner."

COUNTING
BEHAVIORS

Ms. Doless continued to grumble about data collection, "If I had to count every behavior on a student, there wouldn't be time to teach."

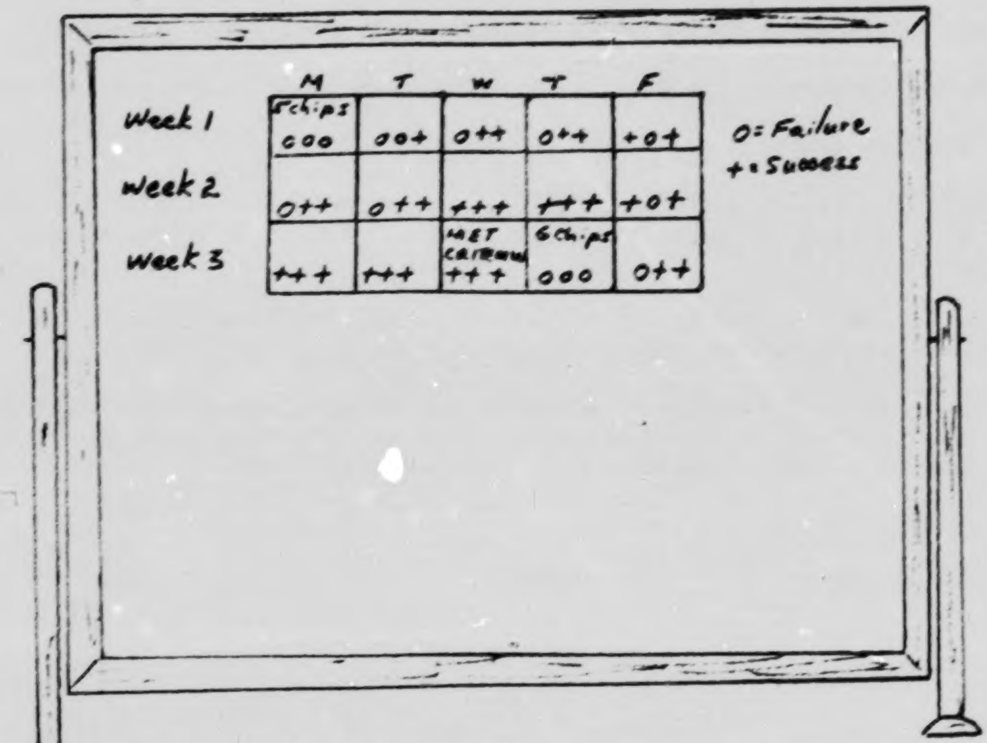
The Administrator responded, "That would be true if you hadn't established priority areas of instruction through formal and informal assessment. Let me give you some examples of data collection and recording.

"First, let's discuss data collection by counting successes or failures in a set number of trials. Often we refer to this method of data collection as a single frequency. The way we begin is to examine the criterion part of our terminal objective, and then we decide how to keep the record.

"For example, Sally is learning to count ten poker chips. To reach criterion, she must do each step of the program correctly on three consecutive trials.

"Right now, Sally is learning to count five poker chips. The program will continue until she can count all ten chips.

"Here is the record kept for Sally during the past three weeks."



	M	T	W	T	F
Week 1	5 chips 000	00+	0++	0++	+0+
Week 2	0++	0++	+++	+++	+0+
Week 3	+++	+++	MET CRITERION +++	6 chips 000	0++

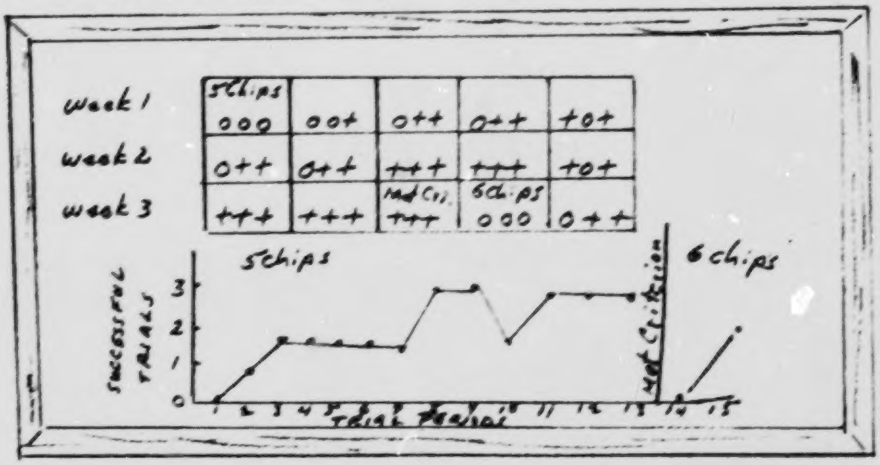
0 = Failure
+ = Success

"Sally almost attained criterion on Friday of the second week but needed more practice. On Wednesday of the third week, she met criterion, so the teacher started instructing Sally how to count six poker chips.

"The extra comments on the chart make it easier to determine Sally's exact level of skill on any particular day."

"It doesn't seem to take much time to record an '0' or a '+' on the chart," commented Ms. Doless.

"That's right," agreed the Administrator. "Now, let's see what this data looks like on a graph."

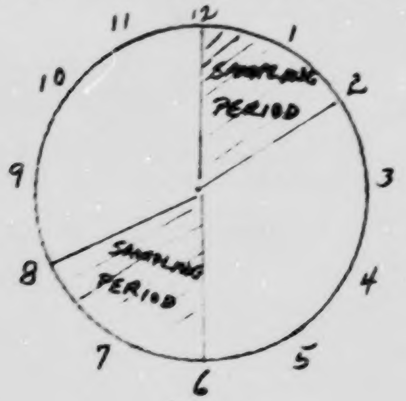


week 1	5chips 000	00+	0++	0++	+0+
week 2	0++	0++	+++	+++	+0+
week 3	+++	+++	Met Cri. +++	6chips 000	0++

"Wow!" exclaimed Ms. Doless. "That really is easy to understand, and I can tell exactly what a student can do. I'm impressed."

The Administrator smiled, "Maybe all you need to do is check the student's progress periodically by counting successes and failures according to certain time periods. This is the second kind of data collection I want to discuss with you. It is called time sampling.

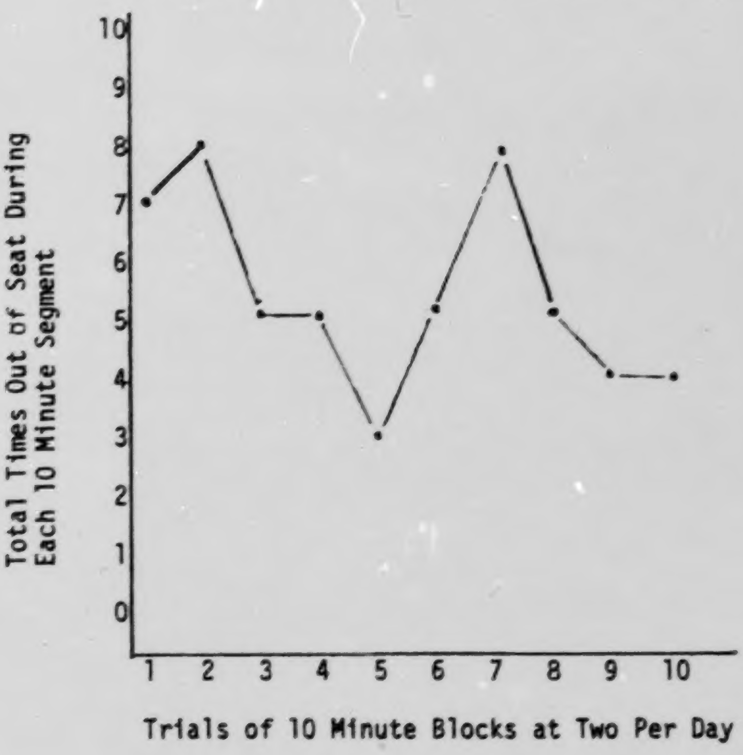
"One type of time sampling is to block off a time period and count the behaviors that occur during that period."



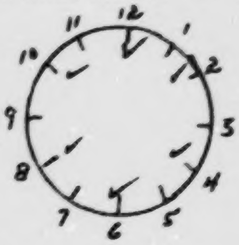
"For instance, you might want to reduce the times Herbie gets out of his seat. You could watch him for two, ten minute blocks and count the number of times he gets out of his seat. His chart might look something like this."

DAYS	10 MIN. MORNING	10 MIN. AFTERNOON
MONDAY	𝍸 //	𝍸 ///
TUESDAY	𝍸	𝍸
WEDNESDAY	///	𝍸
THURSDAY	𝍸 ///	𝍸
FRIDAY	////	////

"If we graphed the information, it would look like this."



Another method of time sampling is to check Herbie during selected periods of the day and record whether he is in or out of his seat at the end of each period.

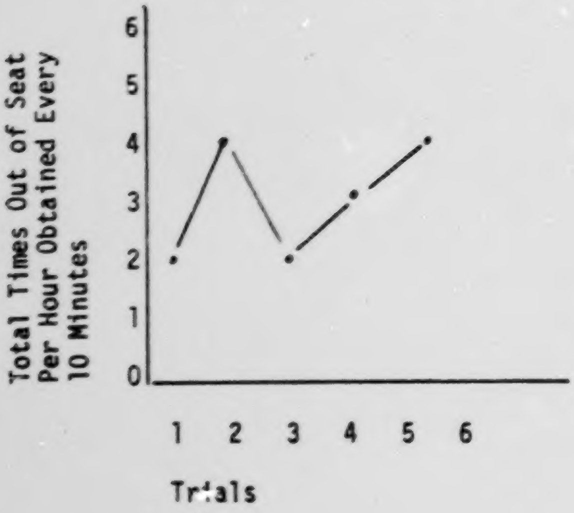


For example, you could check Herbie's out-of-seat behavior for each ten minute segment during a specified hour. At the end of each ten minute interval, you would record a "✓" (out-of-seat) or a "0" (in-seat). His chart might look something like this.

	After 1st 10 Mins.	After 20 Mins.	After 30 Mins.	After 40 Mins.	After 50 Mins.	After 60 Mins.	Total
Day 1	✓	0	0	✓	0	0	2
Day 2	✓	✓	✓	0	✓	0	4
Day 3	0	0	✓	0	0	✓	2
Day 4	0	✓	✓	0	0	✓	3
Day 5	0	✓	✓	✓	0	✓	4

Out of Seat - ✓
In Seat - 0

We could graph this same information as in the following example.



The Administrator continued...

"Either method, single frequency or time sampling, is equally good in giving you a broad picture of where your program might begin. Your choice would depend on your teaching activities and the criterion in your terminal objective. You may want to collect single frequency data to establish a baseline for a pretest and use time samples during training. Then you could switch back to single frequency data on the posttest. Again, this depends on the criterion."

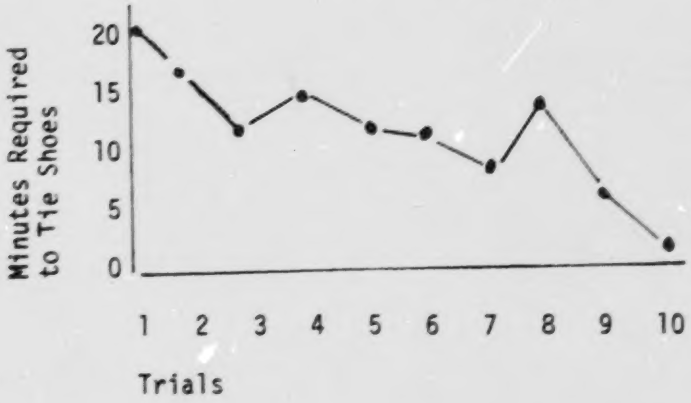
A third kind of data collection involves counting the length of time (duration of time) a behavior is maintained or is absent.

For example, Sue can tie her shoes, but it takes twenty minutes to do it. Jane can do a task very well if she can complete it within her five-minute attention span. Herbie still gets out of his seat at least twelve times every hour which is about once every five minutes.

We want to increase the time Jane works and the time Herbie stays in his seat. Also, we want to decrease the length of time it takes Sue to tie her shoes. Counting the occurrence of a single action would not give us the necessary data to improve their behaviors.

The following is an example of this type of data collection.

Sue's Graph

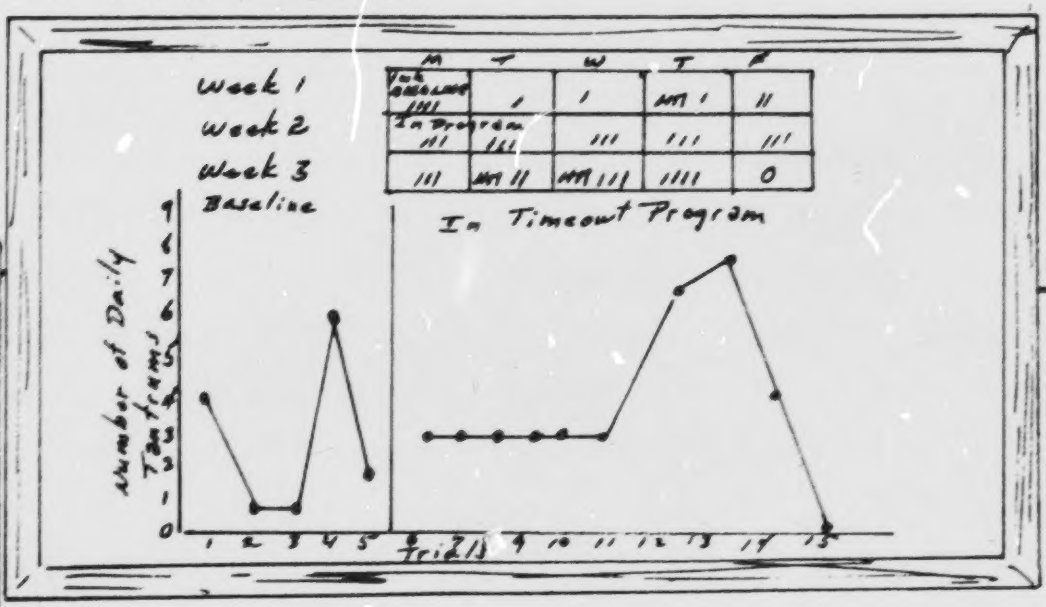


Sometimes we work with skills that vary a great deal, such as the number of toilet accidents and temper tantrums. Single frequency, time sampling, and time duration counting methods do not tell us enough about the student's progress when dealing with inconsistent behaviors. Therefore we must find a way to group behaviors over several trials or observations. The easiest method is called "averaging."

The purpose of averaging behaviors is to help us determine the results we are getting over a long period of time and when we should offer reinforcers.

Let's listen to the Administrator explaining the averaging technique.

> "Sue has erratic temper tantrums. Some days she has very few tantrums and other days she sits and cries or throws things. The first week was used to determine entry level performance, or baseline data. At the beginning of the second week a program was introduced. Now read the data and tell me if she reduced the number of tantrums over the three week period."



	M	T	W	T	F
Week 1	Baseline IIII	I	I	卌 I	II
Week 2	In Program III	III	III	III	III
Week 3	III	卌 II	卌 III	IIII	0

Mr. Middle answered, "The program must have improved her because she didn't have any temper tantrums on the fifteenth trial. Right?"

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"Not quite," replied the Administrator. Actually, the average number of daily temper tantrums increased each week. Remember, averages are figured over a period of time.

"Let me show you how to average the scores. It is very simple. First, add all the scores and then divide the total by the number of trials."

The Administrator wrote on the blackboard:

First Week	Second Week	Third Week
4	3	3
1	3	7
1	3	8
6	3	4
+ 2	+ 3	+ 0
5⟌14	5⟌15	5⟌22
2.8	3	4.4

"The average daily rate for the first week was 2.8 temper tantrums per day. This was Sue's baseline.

"After the program was started the rate of daily tantrums rose to 3, and the following week to 4.4. Although the rate may look like the tantrums have decreased, the chart is deceiving; her tantrums have increased. By averaging the scores, we can determine this."

At this point, Sue's teacher should decide whether to continue the program or change it. If the teacher only uses this type of data collection to evaluate program results, the decision will be to stop, or at least alter, the program. But, in the true spirit of assessment, this information about Sue must be combined with other knowledge. The other knowledge is research regarding the appearance of student profiles when reducing undesirable behavior.

Research tells us that programs designed to reduce undesirable behaviors initially show an increase in that behavior before reduction is evident. In the Administrator's example, the program should be continued without change for at least one more week.

LETS REVIEW

Data collection is:

1. Counting of successes or failures in a set number of trials.

2. Counting successes or failures within a specified time period or counting successes and failures at a specified time.

3. Counting the length of time a behavior is maintained or is absent.

4. Averaging behaviors that vary considerably over a period of time.

How much do you know about collecting data?

USE WORKBOOK - ANSWER PROBLEM IX

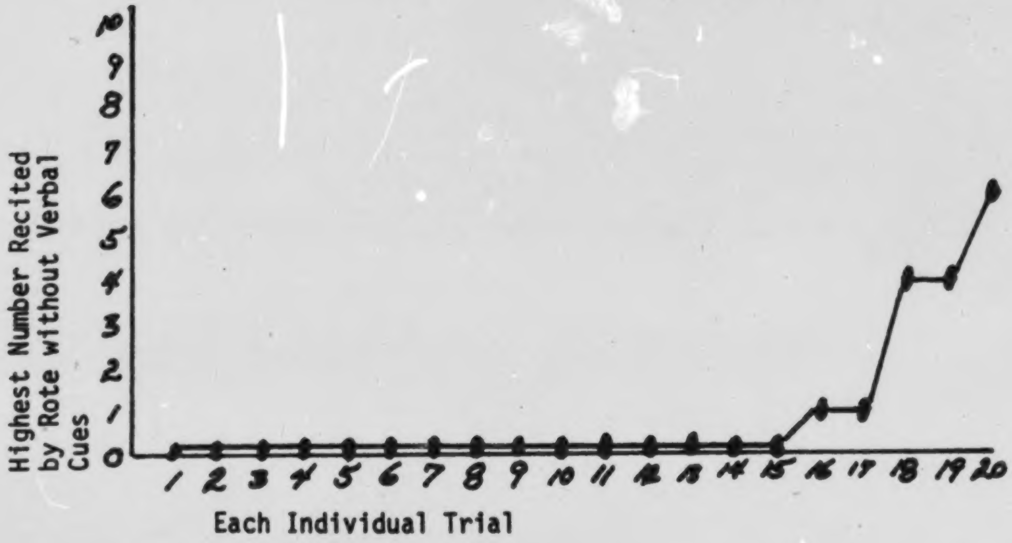
CHECK YOUR ANSWERS

These exercises are not easy. Therefore, you should check your manual and correct each exercise before proceeding to the next. Your workbook will become a resource guide for future use and should be as accurate as possible.

1. a.

	1	2	3	4	5	6	7	8	9	10
Trial 1	0	0	0	0	1					
Trial 2	0	0	0	0	4					
Trial 3	0	0	0	0	4					
Trial 4	0	0	0	1	6					

Training Periods



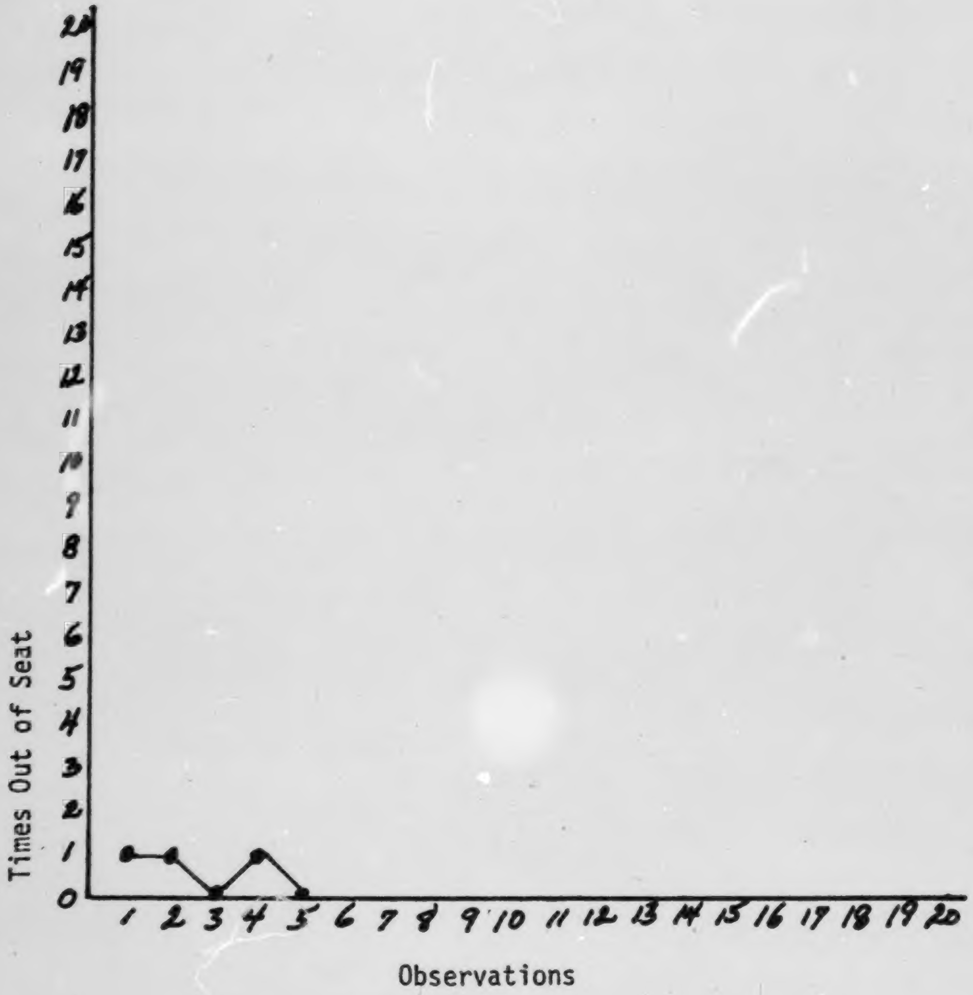
b. No. The terminal objective is rote counting to ten.

c. The answer is one. You may have said four or six but remember the criterion was the number reached in four consecutive trials. Only the number one is reported as being said four consecutive times.

RETURN TO WORKBOOK - ANSWER PROBLEM IX, EXERCISE 2

2. a.

1	1	0	1	0
M	T	W	T	F



According to the terminal objective, the concern is getting out of seat behavior during morning snacks. It does not mean during afternoon snacks or any other time. If you missed this question, review goal and objective writing.

The five observational opportunities were Monday, Tuesday, Wednesday, Thursday, and Friday at 10:15 snack time.

Those of you who charted and graphed the behavior exactly like the answer should feel good because this measurement skill is hard to put into practice. Those that goofed should correct their answer and look at parts "b" and "c" to see if the answers should be changed.

b. Yes. Never once did Jane exceed the out of seat limit set in the criterion.

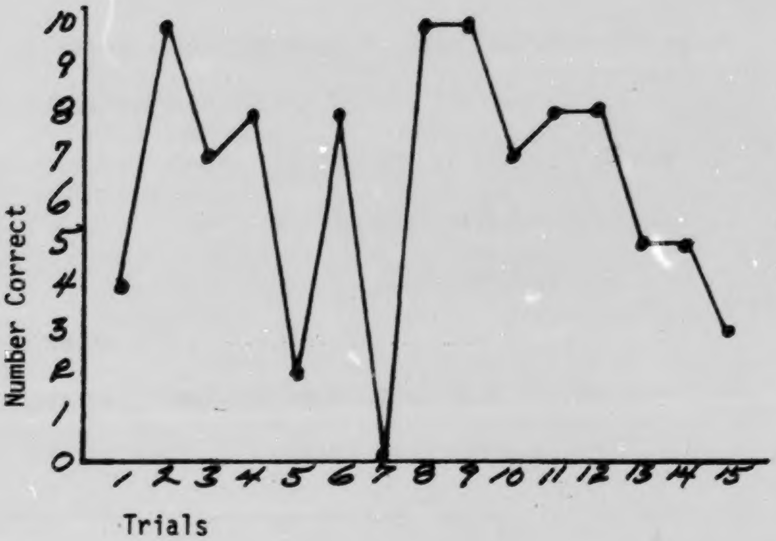
c. Yes, if your graph looks like the answer.
No, if your graph does not look like the answer. So, change your graph and answer "yes."

RETURN TO WORKBOOK - ANSWER PROBLEM IX, EXERCISE 3

3. By now you have recognized that the workbook problems are no piece of cake and that they resemble situations you may face in your classroom.

a.

	M	T	W	TH	F
Week of 4th	4	10	7	8	2
Week of 11th	8	0	10	10	7
Week of 18th	8	8	5	5	3



b. The tenth trial

c. Yes. 7+8+8+5+5+3

6 Correct Daily Average

6 numbers, so, $6\overline{)36}$

d. There are several alternatives which include the following:

1. Go on to the next objective.
2. Raise the criterion to say, an average of 7 correct.

__Do Not__ continue instruction with the same objective or you will be back in the old groove of teaching without a well-defined purpose.

No exercise is provided to measure duration (the length of time it takes to accomplish something). The principles of charting and graphing are exactly the same as for the exercises you just completed.

A record of temper tantrums or attention span, if kept by measuring duration, is sometimes impossible to maintain. So, when in doubt, keep a record of the number of occurrences rather than the length of occurrences.

SIDE NOTE

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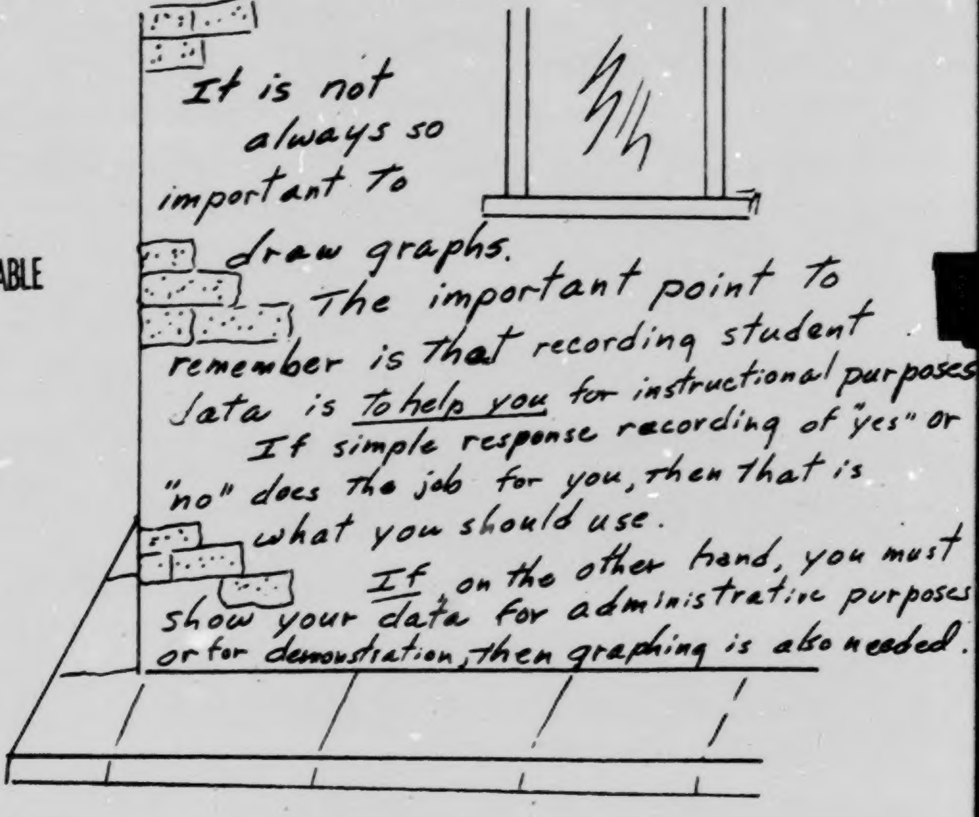


It is not always so important to draw graphs. The important point to remember is that recording student data is __to help you__ for instructional purposes. If simple response recording of "yes" or "no" does the job for you, then that is what you should use.

__If__ on the other hand, you must show your data for administrative purposes or for demonstration, then graphing is also needed.

GROUPING OR GRAPPLING WITH CLASS DATA

At one time or another, each one of us has been required to report student progress in such a way that another person can interpret the information easily by glancing at a few tables or charts.

When reporting grouped data you must have a starting point. This starting point is the entry level performance (baseline), or what is called pretest information. Grouping student data is done by reporting the total number of changes in behavior or by reporting the average number of changes.

Now let's begin.

Sample Data from Two Experimental Programs

STUDENT PRETEST SCORES

Class I	22		Class II	22	
	24			24	
	16			16	
	18			18	
Total:	80	Average: 20	Total:	80	Average: 20

Then, measure the students at the end of the programs. This is called posttest data.

STUDENT POSTTEST SCORES

Class I	36		Class II	21	
	10			23	
	20			23	
	10			21	
Total:	76	Average: 19	Total:	88	Average: 22

Notice that, in both groups, there were two students who showed gains and two who showed losses. In this instance, it is not possible to determine the better program.

Looking at the average pretest and posttest scores of the two classes tells us more. Even though two people scored gains in Class I, their average score actually dropped from 20 to 19. Class II scores showed an average gain of two points per student, even though two students scored lower on the posttest. By averaging the scores, the results show the Class II program to be better than the Class I program.

Now that you have the grouped data, how do you report it? Whatever method used, it should tell everything you want in a clear and concise manner. The reporting forms are called tables and graphs.

There are several sources that can be used in designing appropriate graphs and tables. Many professional journals have articles with tables and graphs which can be used as examples. The ones in this manual use the American Psychological Association formats.

The next two pages contain examples of tables and graphs used for reporting the results of the two experimental programs.

Grouping data using tables:

TABLE I

Comparisons of Pre- And Posttest Scores of Students in Two Experimental Programs

Class	Scores Pretest	Scores Posttest
I	22	36
	24	10
	16	20
	18	10
Totals	80	76
Average Change Per Student	20	19
II	22	21
	24	23
	16	23
	18	21
Totals	80	88
Average Change Per Student	20	22

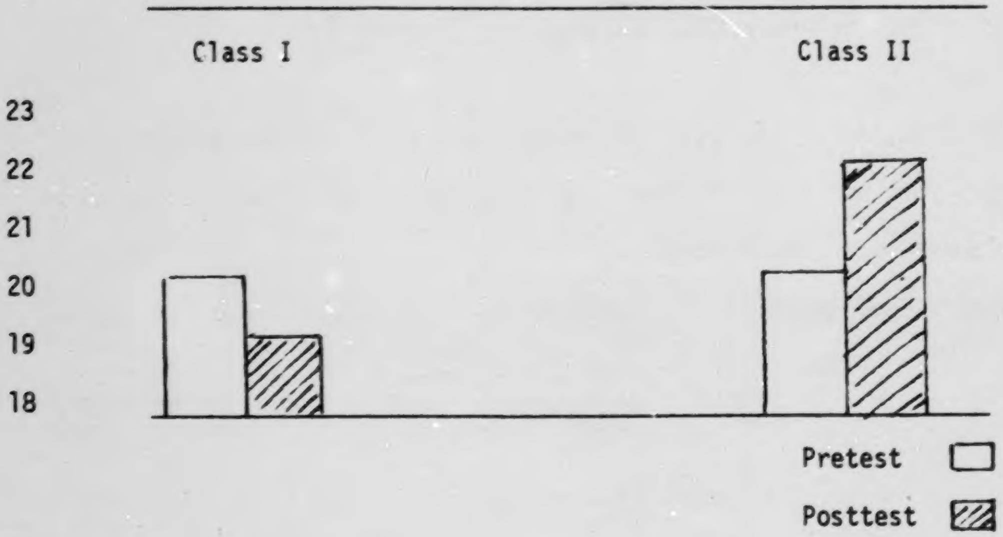
From a quick glance you can see that the program used in Class I did not improve the average scores; while the scores in Class II did show a slight improvement. You probably will decide to continue with the method used in Class II. Thus, you will be making a judgment based on grouped data.

Tables offer complete information, but may be difficult for some people to read. Graphing the results is a more appropriate method when you are interested in showing group changes without listing individual student changes.

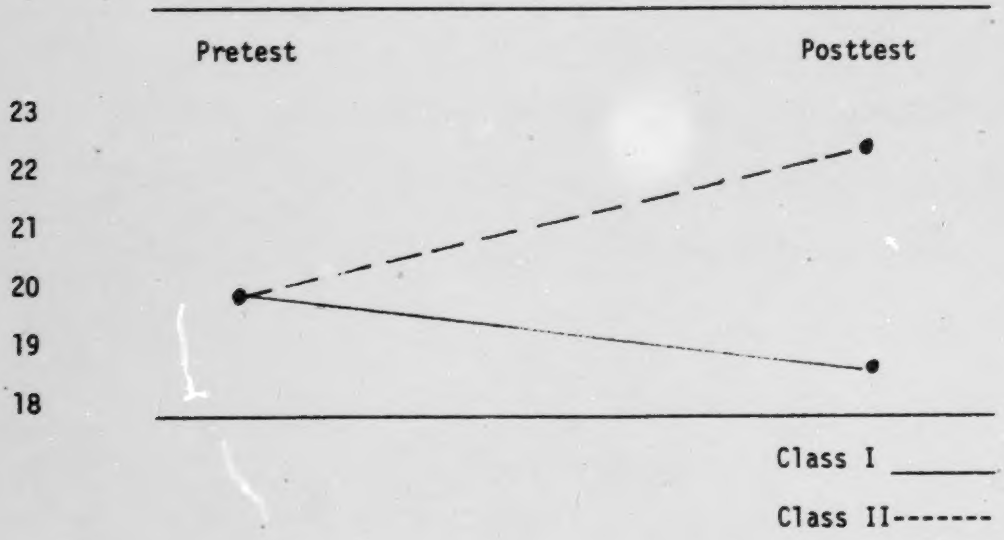
Two styles of graphs are shown here to illustrate how this can be done.

Grouping data using graphs:

Comparisons of Pre- And Posttest Scores of Students in Two Experimental Programs



Comparisons of Pre- And Posttest Scores of Students in Two Experimental Programs



You made it!

Before beginning the Unit Assessment, review the objectives on page 4.1. Also study your workbook exercises and make sure you are comfortable with the explanations in the manual.

Ready? Good luck!

USE WORKBOOK- ANSWER UNIT IV ASSESSMENT

Unit V: Case Study Folder Information

Unit Goal

Individual can use case study information in an individualized instructional plan.

Unit Objectives

1. The individual can determine needed information relevant to the individualized instructional plan from the social history, psychological, medical, and educational information found in the case study folder.
2. Individual can determine the types of input provided to the case study folder by various resource professionals.

Unit Content

Records, Data, Etc.

General Information

Medical History

Social Summary Information

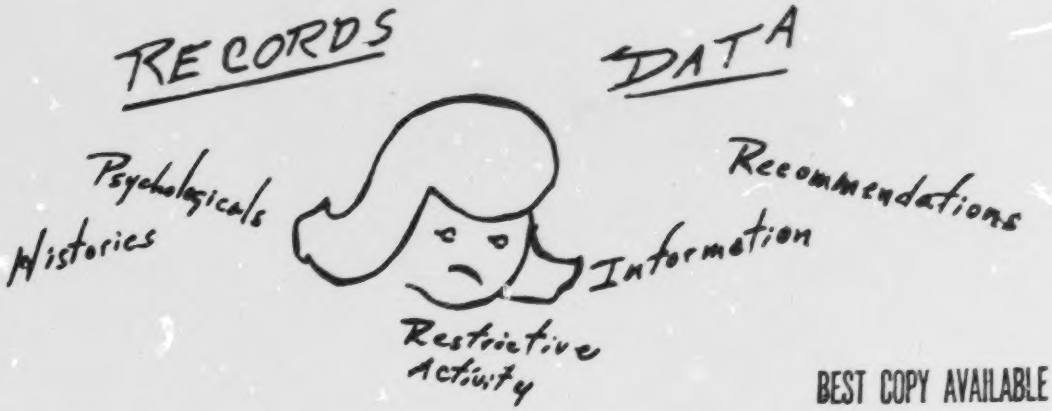
A Review of Formal and Informal Assessment

Psychological Information

Educational Information

Average Worktime

2 Hours 30 Minutes



BEST COPY AVAILABLE

Unit V examines the student case study file in depth for the purpose of planning appropriate instructional programs. As you read and complete the exercises, you may have questions regarding the importance of some data. However, the intent of this unit is not to make decisions on what should be deleted from a case study folder since every piece of data is important to some member of the professional team and we can all cite rare cases where every piece of information has some instructional relevance. Still, we will try to highlight the more necessary data and, when possible, note data that usually has little significance to the instructional program.

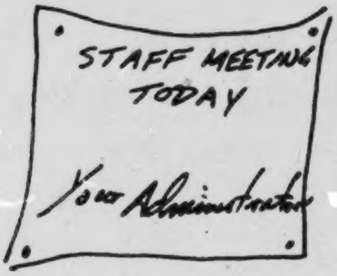
> Ms. Teachless seemed concerned. "We have learned all about collecting student data in our classrooms. But I was just trying to think how we can share this information with one another. After all each professional working with a particular student can provide information important to that student's instructional plan.
>
> "Could we develop some method of communicating with each other about a particular student? And, I don't just mean around a coffee table."
>
> "We already have that," smiled the Administrator. "It's called the case study folder."

Most of you are already familiar with a student case study folder, every agency has them. The folder provides a centralized source of professional data about an individual. By developing an understanding of this data, the case study folder becomes a very useful assessment tool.

GENERAL INFORMATION

The case study folder is the best source of student information. So that you can follow along with Ms. Teachless, a typical case study manual (Supplement B) accompanies this text. The manual contains five sections: general, medical, social, psychological, and educational.

> Now returning to the staff meeting, the Administrator is saying, "Let's discuss a case study folder. We will begin with the general information section."



> The Administrator continued, "There are four basic general information forms used in a case study folder." (They can be found starting on pages B.7, B.25, B.30, and B.55 of Supplement B.*)
>
> "When reviewing these forms, as well as the other case study forms, ask yourself the following questions:
>
> 1. Does the information cause me to add or limit any specific training activities?
> 2. Does the information tell me what to look for in terms of previously developed skills and current instructional needs?
> 3. Does the information tell me what teaching strategies offer the best opportunity for success or suggest those to avoid?
> 4. Does the information offer clues to guide me toward further assessment?

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* This set of forms, together with the others used in this unit, are part of the Case Study Manual, August, 1972, developed and adopted by the State of Colorado, Department of Institutions, Division of Mental Retardation.

The Administrator passed out the case study manuals and said, "Read these over and see if you can decide what data in the general information section might help you in classroom planning."

While Ms. Teachless and the other teachers are studying the case study manual, refer to Supplement B and do Problem X in the workbook.

USE WORKBOOK - ANSWER PROBLEM X

CHECK YOUR ANSWERS

Part A

I-IV	b	This is administrative and social service information.
V-VI	a	Item 5 contains addresses of former training programs. Often former teachers can provide valuable clues that are not in the folder.
VII	a	Item 7 yields some very important data. The statements written by parents or guardians often reveal clues to their personal feelings. These can help in your parent-school interaction plans.
VIII	a	Look at the current date. The information provided may be inaccurate because of the time span between this application and program entry.

Part B

I-II	b	The composition of the Admissions-Evaluations Committee and the student's class placement may cause some prejudgment with respect to programming. This information usually has little value for an individualized instructional plan.
III	a	The "Prescriptive Plan" is probably the most valuable piece of data a teacher can have on a new student. This is more than a recommendation. The Committee has reviewed all the student

data available. Based on this information, the priority needs have been identified.

IV a "Additional Services Needs" may contain suggestions that require your effort as part of a team. Be cautious. Do not attempt to meet those needs that are not your responsibility.

V a Regular staffings are a necessary part of an effective instructional plan.

Part C

I a This document contains certain authorizations of sensitivity to parents. It is wise to use this kind of information as a reference when planning excursions, determining what to do in case of accidents, or managing medications.

Part D

I a There are times you may care to add additional assessment information or request permission for some special activity. At such times, these forms are necessary for your classroom planning.

THE STAFF MEETING CONTINUED...

The teachers reviewed the forms and tried to determine which data was pertinent for an individualized instructional plan.

Mr. Middle raised his hand, "Information on these forms is interesting. For instance, it is nice to know if the student is living with his parents and if he is receiving assisstance money. Why didn't you include this knowledge as important data?"

The Administrator replied, "You should be aware of all the information in the case study folder, but this type of data adds little to the development of your instructional plan."

Mr. Middle added, "I have always been taught to look for birth order. Now, you say it isn't important."

"Let's experiment," said the Administrator. "Raise your hand if you are the youngest child in a family. (some raised their hands) The oldest. (some raised their hands) Who is an only child? (three raised their hands) From this information who can tell me how I can use this to help you become better teachers?"

None could answer why.

The staff meeting concluded with several teachers feeling a bit wiser but certainly very much disturbed. You may be experiencing the same feeling so, let's reexamine the intent of this text, which is to focus directly on the student assessment as it relates to classroom practice.

All information in the case study folder is important. However, information may vary in importance.

MEDICAL HISTORY

Medical information, depending on the diagnosed handicaps of a student, is obtained from the general practitioner, dentist, medical specialists, parents, and sometimes the teacher. This data usually is found in case study forms such as the "Initial Medical History", "Annual Physical Examination", "Specific Medical Evaluations", and the "Cumulative Incident Report."

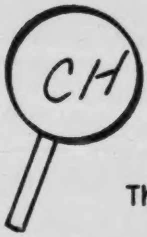
> Ms. Teachless, reading to herself, "It says here that the medical history is extremely important in the development of an individualized instructional plan because it contains information about the student's handicap, physical limitations, and recommendations for medical care and treatment.
>
> "I'm no doctor or nurse. What can I learn from these records that will help me?"

Making a blanket decision that all medical information is strictly for medical people is a mistake. Ms. Teachless is not reading the forms for understanding.

The reports Ms. Teachless is reading start on pages B.11, B.15, and B.51 of Supplement B. Study the different input items and think how this information can affect your classroom planning. Look for specific physical weaknesses. Check for inconsistencies in behaviors that are unusual to a child of a given age. Sometimes it is necessary to combine bits of information for better understanding of the child.

Problem XI in the Workbook gives you practice in finding significant data on typical medical history forms. Pages B.11 through B.14 in Supplement B provide information to complete the problem.

USE WORKBOOK - ANSWER PROBLEM XI



CHECK YOUR ANSWERS

The answers to Problem XI may raise some questions in your mind. Remember, data must have direct use in the classroom for you as a teacher.

1. a Your individualized plans should distinguish between boys and girls in such areas as sexuality, toilet training, and body awareness.

2. a This is an extremely important piece of information. Many of your decisions about materials and skill training depend on age relevance. This data is used to compare information provided in Parts B, D, and G.

3. - 11. b In case of emergency, these become important as administrative concerns, however, they are not important for instructional planning. Selecting such items as phone number, parent's names, etc., are usually taken from the application form where family data is more complete.

12. a The family history, especially related to seizures, allergies, asthma, and hayfever, may indicate latent problems that have not been discovered, but may develop in your classroom setting.

13. -17. b Pregnancy and birth information have little value to you as a teacher. This data usually has medical implications which have already been attended to by a physician. Also, information on the damage that has been done by the birth process can offer little to help you in instructional planning.

18. a Knowledge of items in Part B is extremely important. These skills are often part of the instructional plan with the developmentally disabled. Therefore, this part of the medical

form can offer the first clues for determining program priorities.

19. a The items in Part C are all contagious diseases. In this particular case study folder, there is no record of Johnny having any of them. Since further medical history reveals that Johnny has a natural tendency for respiratory infections, you will need to be especially observant of him. This concern is further heightened because he did not receive several immunizations (see Part E). You should plan instruction away from public places during outbreaks of contagious diseases. Also, you should observe the student carefully if someone in the class develops one of the diseases.

20.-21. a The items in Part D provide clues to more than general physical wellbeing. For example, if hearing problems are checked "yes," then classroom activities should be planned with this in mind.

22. a Same explanation as for item 19. The concern is not for specific curricular activities, but for student grouping for those activities and for student protection during outbreaks of contagious diseases. For example, you may teach swimming by learning swimming safety rules rather than by going to the pool.

23. b This information is not important for classroom instructional planning. The rare exception would be to watch for unusual lethargy, fever, etc., right after an immunization has been given.

24. a Chronic hospitalizations affect attendance and program continuity. Lack of skill development may be because of absenteeism rather than poor programming.

25.-26. a The questions in Part G offer clues to the individual's behavior patterns. The remarks "pampered and passive" suggest the teacher plan activities to encourage independence.

27. a Tests listed here are at best summaries of information provided elsewhere in the case study folder. This summary may highlight areas for futher investigation.

28. a Item I is not significant for Johnny but is extremely important for individuals requiring seizure, heart control, or asthmatic medicine. If you marked "b" quietly change answer and smile sweetly.

29. a The teacher must always consider the items in J. Should any incident occur during classroom activities in which restrictions have been directed by the doctor, the teacher and agency can be held accountable.

30. a Be sure to read the current physical because there may be changes in the student's wellbeing which can alter some of your instructional plans.

Ms. Teachless thought about the information available in the medical history form. "This hasn't been difficult. Why, from just this one form, I know enough about Johnny to get busy on a meaningful program for his first day in class."

Ms. Teachless is beginning to understnad the importance of using case study information.

The next exercise concerns the annual physical examination form found on pages B.15-B.17 in Supplement B. As you do the exercise in the workbook, remember you are looking for clues to plan an individualized instructional program.

USE WORKBOOK - ANSWER PROBLEM XII

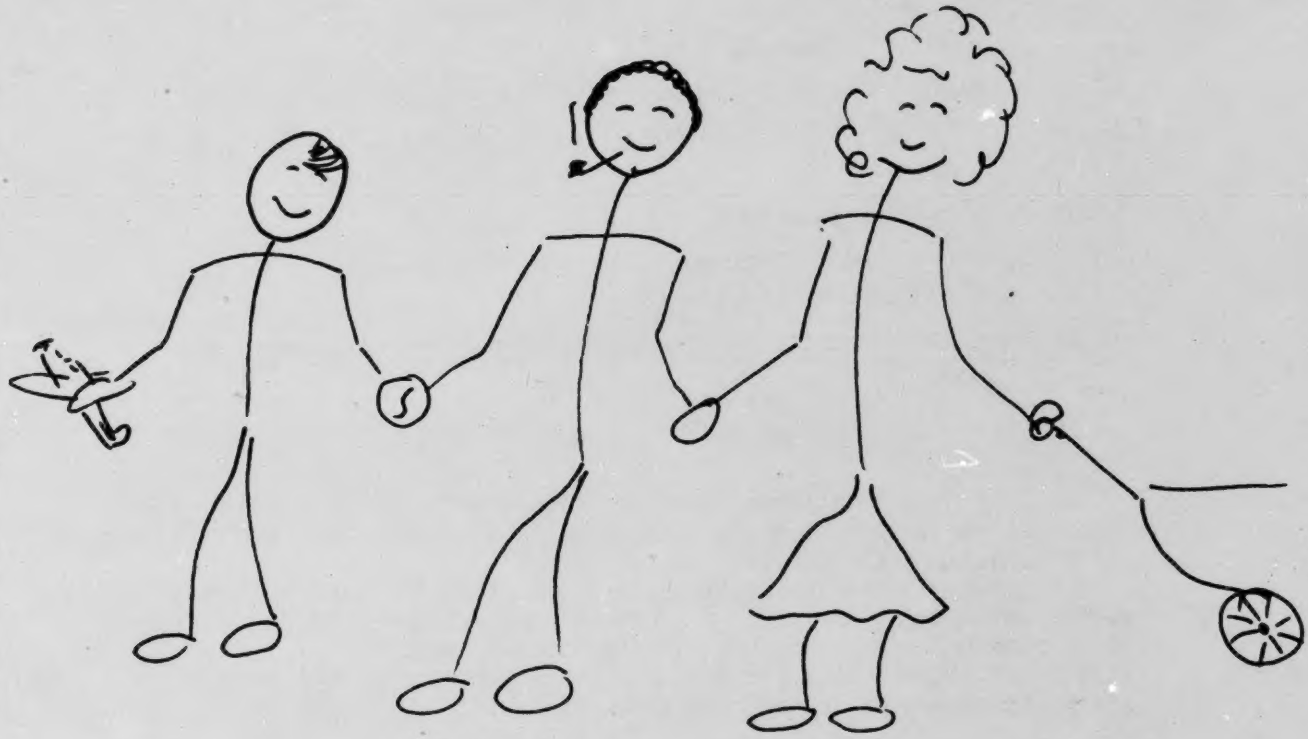
1. a General appearance can be important. Johnny is probably overweight according to the report. When designing reinforcement programs, you should be cautious about using food.

2.	b	Head size means little to the teacher unless the student needs a special brace for support. In rare instances, unusual comments about the head may restrict certain activities.
3.-5.	a	When weaknesses exist with the eyes, ears, and oral areas, check for glasses, aids, or prosthetic devices. Your classroom activities should be designed to reduce the handicapping condition when there is still a weakness even with correction.
6.-10.	b	In rare cases, these items may have some importance to your instructional plan.
11.-12.	a	These listings indicate possible areas of concern for program planning.
13.	b	This is mostly a medical concern.
14.	b	If you checked "a" because of the term "typical Downs Syndrome," slap your hands and use a large eraser on your answer. This term may typify the general appearance of the individual but never typifies behavior.
15.	a	Instructional activities should take medical activity restrictions into account. Any other information of major concern should be reported in this section and is extremely important to the instructional plan.
16.	a	Sometimes, medication must be provided during the school day. This should be noted on your daily planning schedule.
17. - 18.	b	There is no direct value to the instructional plan.

Do not be alarmed if the information you thought was imperative to know, is not. This information will not walk away - it is in the case study folder for times when you need it. For now, your major concern is to develop an instructional plan best suited for your student, and to do this, you must sift out the most important information.

Now for the "Cumulative Incident Report" which is another part of a student's medical information. Since there will be no workbook problem, read this form in Supplement B, pages B.51 through B.52, carefully.

SOCIAL SUMMARY INFORMATION

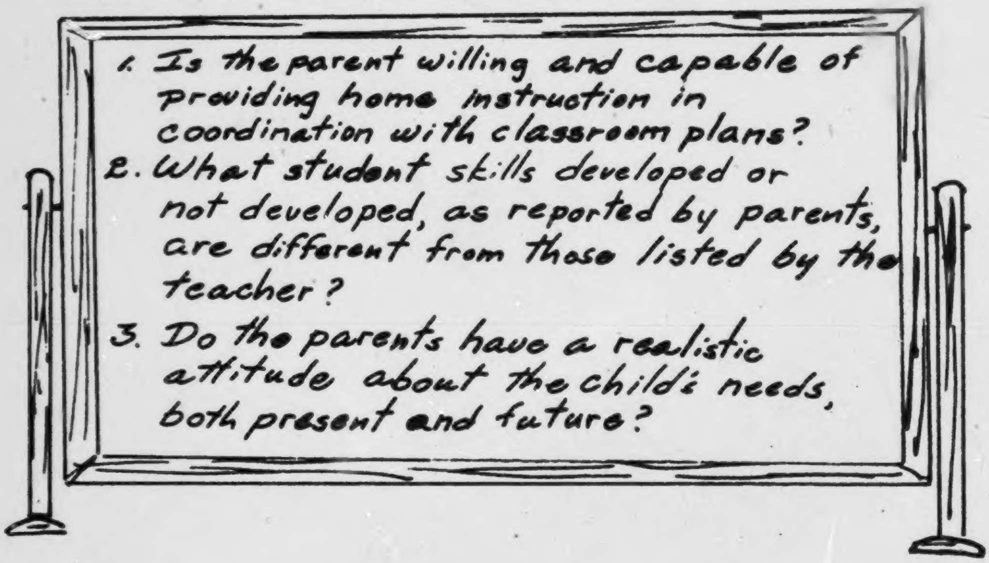


This portion of the text deals with family history information. Read the discussion of social history information on pages B.18 through B.20.

A concept coined by the authors, called "verbal noise", will be used. The term relates to the kinds of information that make the case study folder more interesting, but really do not add much assessment information. Verbal noise is a common malady of social histories. The sample report used in the workbook has been purposely loaded with verbal noise in order to explore this concept more fully.

"Let's discuss the social summary form now. This document is often the most interesting of the forms but one of the most difficult to use in developing specific classroom activities."

The Administrator wrote three questions on the board.



1. Is the parent willing and capable of providing home instruction in coordination with classroom plans?
2. What student skills developed or not developed, as reported by parents, are different from those listed by the teacher?
3. Do the parents have a realistic attitude about the child's needs, both present and future?

"These questions should give you clues to the social summary data important for designing and implementing an individualized instructional plan," continued the Administrator.

"I have chosen a social summary report that includes some very useful information for you, as a teacher, as well as for other professionals on the team. It also contains considerable "verbal noise" that is of little value for anyone. Other portions of the summary are found elsewhere in the case study folder."

The Administrator's social summary is in the workbook. You will be asked to decide what facts have specific use for the individualized instructional plan and what information can be considered verbal noise.

USE WORKBOOK - ANSWER PROBLEM XIII

CHECK YOUR ANSWERS

Social Summary

1. The social worker, after six attempts, succeeded in meeting with
2. both parents

This may have relevance when planning a parent-school interaction program.

3. (on Sunday afternoon on 7/1/71. Mr. and Mrs. Jones were pleasant
people and the home was neat and clean with two color TV sets.)

This is verbal noise. It has little relevance to any program planning.

4. (This is the second marriage for both parents and Johnny has been
5. adopted by Mr. Jones, the stepfather. Both parents appear to want
6. to help Johnny all they can. During the interview, Johnny was in
7. the room. Johnny, a pleasant looking, blond, blue-eyed mongoloid was
8. dressed in neat but well-worn clothing.)

Mostly verbal noise. Family background, physical appearance, etiology, and quality of clothing matter very little in designing an individualized instructional plan. The parent's apparent willingness to help can be useful.

9. (Mr. Jones had always taken pride in working hard. However, he had
10. an auto accident two years ago and has been on welfare since then.
11. He said the doctors report his back has healed, but he still gets pains.
12. Mr. Jones has a high school diploma and is interested in auto repairing.)

All verbal noise. The problem discussed in this paragraph pertains to social welfare activities not instructional activities.

13. (Mrs. Jones has a high school diploma and has worked as a cashier
14. in several different area stores. She doesn't go out much or enter-
15. tain at home.) She said she likes people to visit her but her husband
16. does not like to have company at night while there are certain shows
17. on TV.

Most of this paragraph is verbal noise. However, one important clue is that the family, and probably Johnny as well, are visually-aurally oriented. The teacher can take advantage of this learning modality.

18. (Amelia is Johnny's sister, age 19. She works as a teller in a
19. bank and lives in her own apartment.)

Verbal noise! The data does not aid in planning home instructional programs.

20. During the one hour interview Johnny just sat watching us seemingly
21. without much self-direction. His mother stated he usually is very
22. quiet, has no friends, and does not play with many toys. Johnny's
23. favorite pastime is watching TV shows.

This data should have been underlined. The teacher needs to develop exploratory skills, since Johnny demonstrates little self-direction. TV as a favorite pastime reinforces the clue mentioned before that the visual-aural modalities should be used in instructional activities.

24. His mother reports that Johnny is fully ambulatory, toilet trained,
and finger-feeds himself.
25. But, he can't bathe or dress himself.

Underline this data. Knowledge of self-management skills helps to set baselines of skills already developed. The parents, specifying bathing and dressing as skills not yet learned, have told you something of their own priorities. By working on these two skills you may be able to develop parental confidence in the school's programs.

The Jones are willing to have Johnny enrolled in the community center but are very cautious about what goes on in the school program. They have very low expectations of what Johnny can learn in an instructional program.

This data has no value in developing direct class instruction, but does have relevance for planning parent-school interaction programs.

(Mrs. Jones reported a normal pregnancy and could not remember any special illnesses.)

This is verbal noise. Even if she reported an unusual pregnancy or illness it would not alter your instructional plans.

Recommendations:

(Several home visits should be planned to enhance communication between the school and the home.)

This data is important for the administrative and social service personnel, but is not very important to the teacher in planning an instructional program.

The parents appear to overprotect Johnny to such an extent that his self-management skills are not developed. (Placement at the school should be very beneficial.)

Mostly verbal noise. You may or may not have underlined part of this paragraph. There are some indications of a self-management priority thrust when developing instruction; however, the psychological and educational portions of the student case study folder provide the same information in greater detail.

7/7/71

Ms. Dee
Social Worker

It is important to note the date to determine if the social summary has current relevance.

At this point, Ms. Teachless asked a question, "Why do we have the social summary data in the case study folder if much of the information is not used?"

"It really is used in great detail but not so much by the teacher," answered the Administrator. "For instance, family needs may be discovered which necessitate referral to other agencies or follow up by school personnel. The summary provides beginning clues to the teacher for both home and school planning but the specific information discussed by the social case worker is found in greater detail within the psychological and educational sections of the case study folder.

"Do not generalize about the usefulness of all social summaries. I chose this one because it provided a lot of verbal noise. Many summaries supply considerable data for teacher guidance. So, read each social summary in detail and evaluate the data carefully.

"Why don't we take a break and finish up at our next staff meeting."

A REVIEW
OF
FORMAL
and
INFORMAL
ASSESSMENT

At the next meeting, the Administrator is discussing psychological information. Let's join the teachers just as Mr. Middle is making a comment.

> "What's really funny is that two psychologists doing workups on the same student will often report different conclusions."
>
> "That is why you, as teachers, should be able to understand and interpret their data," explained the Administrator. "Also, you must know which data is determined both formally and informally."

The psychological section of the case study folder is usually a combination of both formal and informal assessment. Trying to understand which information is which is one reason why this part of the case study folder is so difficult to understand.

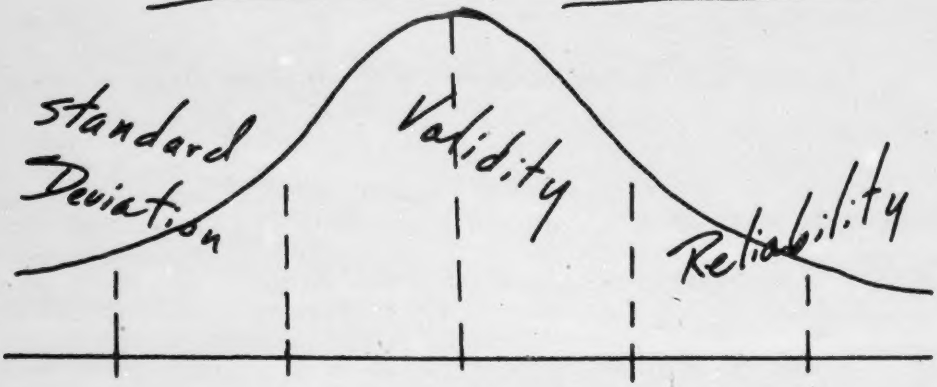
This short review from Unit I may help key you to further understanding of the psychological information.

Formal assessment has a regular set of directions, is standardized on a large sample population, and has scores that are interpreted according to the intent of the authors.

Informal assessment may look like formal assessment. It may even be developed from formal assessment devices. However, when any of the conditions of formal assessment are not present, when conclusions derived from formal test results vary from the intended purpose of the device, or when results obtained on a student are derived through observation or teacher-made tools, the results must be considered informal.

Formal tests provide an excellent method for deciding a general placement or training area for a student. But until the teacher informally assesses specific need areas, an effective training program cannot be developed.

PSYCHOLOGICAL INFORMATION



The Administrator is talking.

"The psychological evaluation serves two purposes:

1. to assess the intellectual, emotional, and developmental functioning of the student for the purposes of determining eligibility and appropriate program placement; and
2. to provide a basis for the individualized plan.

"The psychological summary contains formal test scores and informal observations. If you are unsure about IQ, SQ, PLA, and other test scores, review the material in Unit II and Supplement A.

"Are there any questions?"

Mr. Middle asked, "Does an IQ of 40 for one child mean that child is smarter than one with an IQ of 35?"

"I can answer that," popped up Ms. Teachless. "Not always, because the IQ is only one score. We should never make judgments or comparisons of any student on the basis of one score.

"And besides, maybe the child with a 35 IQ doesn't like to take tests or wasn't feeling well that day."

This is an important point to remember. Formal tests have what is called an "error of measurement." An individual scoring 35 on one day could score several points higher or lower on another day. Overall, the differences in these scores do not effect the general range of the score. However, larger differences have meaning, such as comparing a 55 IQ score with a 35 IQ score.

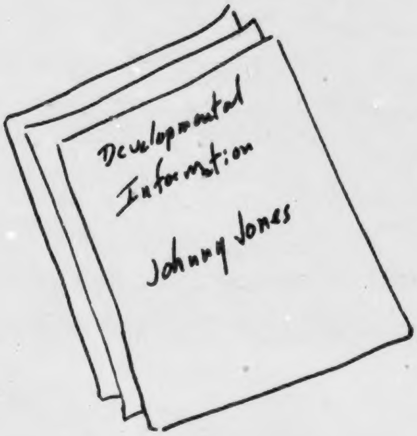
"I have another question." Mr. Middle added, "Does a mental age (MA) of four years mean that the child can only do four-year old things?"

"Not necessarily," responded the Administrator. "An MA is an average of many items on a test and is only an indication of a mental age."

"I always thought that if a child had an MA of four years, we could teach any skills up to that age and expect the student to learn them," frowned Ms. Doless.

At this point the Administrator cautioned, "Remember, the MA indicates only one aspect of the student's capabilities. The definition of mental retardation combines both adaptive behavior and intellectual functioning. Through your classroom observations and teaching, you will be able to interpret the score more clearly."

The Administrator passed out a sample psychological evaluation to the teachers. See if you can decide which data is formal and which is informal.



Developmental Evaluation

Name: Jones, John Date: July 9, 1971

Psychologist: Del V. Deeply Birthdate: June 13, 1967

Tests Administered: DDST
ABS
ITPA (untestable)

The DDST and ABS were administered by both parent interview and personal observation.

Test Conditions:

The room was quiet and John appeared to be quite comfortable. Mother was present during the entire test and appeared cheerful and comfortable. Two sessions were used for a total of 2 hours and 15 minutes.

DDST Results:

Personal-Social Domain: John performed simple tasks but was unable to perform household tasks or remove his own clothes.

Fine Motor-Adaptive Domain: Failure of tasks appeared to be developmental and should improve with training. (His motor system is normal, according to medical reports.)

Language Domain: John was able to say three words, including Mom and Dad. He could point to one part of his body and name one animal picture, but was unable to follow directions.

Gross Motor Domain: Weaknesses were noted in the gross motor area. John could not throw a ball overhand, pedal a tricycle, or walk up steps.

ABS Results:

Developmental age appeared to be less than 2 1/2 years. John scored below one standard deviation (using the State norm) in Independent Functioning, Language Development, Number and Time Concept, Occupation-Domestic, Occupation-General, Self-Direction, Socialization, and Withdrawal. ABS scores were determined by questioning the mother.

Summary:

The behaviors of the mother and John during the evaluation left reason to doubt that the current scores really reflected John's true ability. His mother constantly tried to assist and prod John to perform and, in two instances, actually moved his hand saying, "See, he can do it." When Mother was asked to be more passive, John became tired and chose not to continue, indicating a lack of self-drive.

Recommendations:

The primary plan in school for John should be for him to become more independent in assigned tasks and to practice following directions. These should be the primary efforts in the classroom for the next three months at which time John should be re-evaluated.

Ms. Doless acted as if she had won her point about the uselessness of case study folders. "You see, we have gone through most of the case study folder and still have not found anything that tells us exactly what to do in the classroom."

"I disagree," argued Mr. Middle. "I have been thinking about this psychological information and can name several things that would be helpful in developing an individualized plan for Johnny Jones.

"For instance, since he is not physically handicapped, I could start working on developmental motor tasks with him. Also, Johnny has been sheltered and his parents have not pushed him to learn. With encouragement, he should be able to learn a little faster."

Ms. Teachless added, "There is a lot more information. I know that the parents play an important role in my instructional plan so I must try to develop their confidence in me."

"You're all correct," replied the Administrator. "The following portion of the case study folder should be of special interest to you. And, it should ease some of your concerns, Ms. Doless."

EDUCATIONAL INFORMATION

In this section of the case study folder the individualized instructional plan becomes a reality. All the other bits of student data supply clues to programming. But, in no other part of the folder is the information more specific with respect to instructional planning. Here is where we can look at what is planned and, after implementation, evaluate the effectiveness of the program.

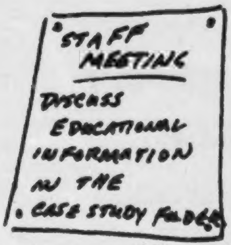
The purpose of the educational information section is to provide:

1. Records of developed skills.
2. Records of undeveloped skills.
3. Instructional plans with written objectives.
4. Suggested methods of implementing instructional plans including staff, agency, and parent responsibilities.
5. Continuous information of student skills.
6. Pertinent information about the student's wellbeing.

Information forms vary a great deal among agencies. The forms provided in Supplement B include common educational forms and may suggest ways to improve your own agency's educational information system.

STOP NOW! AND STUDY THESE FORMS.

INITIAL EDUCATION AND TRAINING PLAN	B.33-35
ANNUAL PROGRESS REPORT	B.36-38
SAMPLE CHECKLIST	B.39-42
STAFFING AND CASE CONFERENCE REPORT	B.43-45
PARENT-TEACHER CONFERENCE REPORT	B.46-48
ENROLLMENT HISTORY	B.49-50
CUMULATIVE INCIDENT REPORT	B.51-52
STUDENT WORK SAMPLES	NOT SHOWN
SPECIFIC EDUCATIONAL ASSESSMENT REPORTS	NOT SHOWN


STAFF MEETING
DISCUSS EDUCATIONAL INFORMATION IN THE CASE STUDY FOLDER

The Administrator began, "The educational information section of the case study folder is your major responsibility. Can you tell me what should be in it to help you?"

RECORD OF DEVELOPED SKILLS

"Well, I suppose it should contain a listing of student skills which already have been developed," admitted Ms. Doless.

"Good!" exclaimed the Administrator. "This information can take the form of checklists to evaluate specific skill areas, annotated statements of previous teachers, informal assessment summaries, and results of formal educational assessments. These are only a few of the many forms this information can take.

"One of the better systems of examining developed skills is to group them by domain."

"I remember the domains," smiled Ms. Teachless. "They are 'mental skills,' 'social adjustment skills,' and 'physical skills.' We used them to write goals and objectives and to develop informal assessment devices.

"Wow! This really is beginning to fit together."

RECORD OF
UNDEVELOPED
SKILLS

"So," continued Ms. Teachless, "after we have a history of developed skills, we can then write objectives for skills the student needs to learn. This becomes part of the individualized instructional plan and should be placed in the case study folder."

"Right," the Administrator commented. "It is extremely important to include these objectives in the case study folder."

The student case study folder should contain an instructional plan. Such information makes the folder a working document of present and future activity rather than a depository of historical information.

INSTRUCTIONAL PLAN
WITH
WRITTEN OBJECTIVES

The Administrator went on, "The educational section includes the instructional plan. The first form is the initial education and training plan. After a student is in the program for a while, the annual progress and staffing reports will be added.

"One of the most important aspects of instructional plan is a listing of priority training needs and specific training activities."

SUGGESTED METHODS OF IMPLEMENTING PLAN

"I think I can name something else that goes in this section," concluded Mr. Middle. "There also should be a listing of who is responsible for making the program work."

Limited information on role responsibility is one of the main reasons why good training programs fail. There must be a division of responsibilities, and everyone involved needs to know his or her role.

CONTINUOUS INFORMATION OF STUDENT SKILLS

"One thing still bothers me," said Ms. Teachless. "I have read many student folders and there is always a question as to what degree a student has learned a skill. I think the education section should include a way to show student progress. Maybe there should be an evaluation plan in the folder."

"I think so, too," agreed the Administrator. "The methods of evaluation should be well planned before instruction starts. What often happens is that year-end reporting is provided mostly from memory. The purpose of evaluation is lost when used in this manner. When a method of student evaluation is determined in advance, the evaluation of skill development can be a continual process."

Developing a system that provide continuous assessment of student learning is essential to an effective instructional plan. Continuous data may be provided by checklists, task analyzed programs, graphs, progress charts, and computerized data management systems. Any research programs devised to study student problems also should be included in this section.

OTHER PERTINENT INFORMATION ABOUT THE STUDENT'S WELLBEING

"There are some other things I would like to see in the educational section," said Ms. Teachless. "As a teacher I need to know about such things as attendance history, proneness to accidents, and those medical problems which might affect instructional planning for the student."

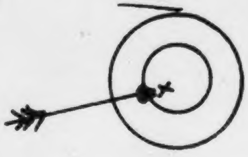
"What about including some of the student's work samples?" added Mr. Middle. "I can tell a lot more about a kid by seeing his work than by reading ten pages of reports."

The Administrator answered, "All these items are important and should be in the education section.

"The educational section should contain anything you and others might need to know to provide effective instruction."

There are other forms in the case study folder which are required for program administration and classroom planning. These are the special release forms (pages B.55-57), and termination-referral forms (pages B.53-54). Read them to see what information they provide.

PINPOINTING THE NEED AREA



If you did well with the exercises, skip to page 5.31.

If you are having problems pinpointing training need areas from the information in the case study folder, this short scenario, featuring our teacher friends, Ms. Teachless, Mr. Middle, and Ms. Doless, should help you.

CAST: Ms. Teachless
Ms. Doless
Mr. Middle

SCENE ONE: Teacher's Lounge

Ms. Teachless: "All this stuff about assessment is mind-bending. But, I can see how I could do a better job by using it."

Ms. Doless: "Are you kidding? These children have so many problems that it really doesn't matter where we start. This scientific jazz is just a fad."

Mr. Middle: (defensively) "That's not true. This assessment stuff makes sense. I was thinking back on what I have been doing and I now know that many of my activities are not meeting the needs of the students, instead I plan activities that I feel most comfortable in doing."

Ms. Teachless: "You know, I bet we already know enough to use case study information to decide the need areas of a student. Why don't we hold our own planning conference."

Ms. Doless: "Good idea, I have a boy in my class who puzzles me. Maybe you can tell me what to do. Let's meet this afternoon at 3:00."

END SCENE ONE

SCENE TWO: Same Lounge. Three O'Clock.

Ms. Doless: "I don't know what good this will do, but here is the information:

"Tom is seventeen years old. There seems to be little or no problem in the physical domain, and he can effectively use almost any tool in the vocational training program. In fact, he was entered in last year's Special Olympics.

"In the mental skills area, he is weak. He is neat and clean, but needs help in cooking and cleaning. His communication skills are adequate. He can speak well, do simple academics, count money, tell time to the half hour, read familiar words, and write simple messages in cursive. I don't know about his leisure time activities, since we've never concerned ourselves with them. Besides I don't think they are very important.

"The social adjustment domain bothers me the most. It is hard to get Tom to try new things or to do things on his own. He is always polite, but very shy. But then, who wants a loudmouth."

Mr. Middle: "Does the formal assessment offer any clues?"

Ms. Doless: "I don't know. I haven't looked. (She opens the student folder.) The Adaptive Behavior Scale shows development below chronological age in socialization and lower than average in general-occupational skills. The Stanford-Binet score is 44 with a mental age of seven years. The psychologist said something about the scores being a little low because of emotional factors.

"My impression is that he is ready for job placement. The only reason I haven't pushed is that he is very helpful to me in the classroom and does about anything I ask. Really, he is my best student."

Mr. Middle: "At first glance, you would think Tom is in fine shape. He can do about everything. By examining the case records, we can certainly see some concerns that should be taken care of. If we help Tom gain self-confidence, we might consider preparing him for a job in a sheltered setting."

Ms. Teachless: "Good! We have solved one area of concern, the social adjustment domain. But what about the others?"

Ms. Doless: "There is no apparent concern in the physical domain. He seems to be very adequate in that area."

Ms. Teachless: "Do either of you see problems with Tom's mental skills?"

Ms. Doless: "I think he is fine in that area."

Mr. Middle: "Wait. What about leisure time? If Tom can be placed in a job setting, we should care how he spends his free time. I imagine if he is left alone he will spend all his time watching TV. With his ability he could go to a movie or play sports with his friends. I suggest you assess Tom's use of leisure time. This could be another area to work on during the year."

Ms. Teachless: "Self-management skills is another area that we should look into. You mentioned that Tom needs help in cleaning and cooking. This could be important if he ever lives in an independent situation."

END SCENE TWO

EPILOGUE

This staffing is the first step toward providing Tom with an individualized instructional plan. From the data in the case study folder and Ms. Doless' informal observations, the teachers pinpointed the student's specific needs. Now, it is up to Ms. Doless to formulate a set of objectives and use data collection techniques to determine Tom's exact proficiency levels in cleaning, use of leisure time, and social adjustment. Then she will need to provide a training program to improve these skills.

You have just completed Unit V. By now you should feel somewhat comfortable with assessment information and have a reasonable understanding of the case study folder.

In reviewing this unit, try to take the role of a teacher on a committee that has been asked to review and revise the case study forms of an educational agency. Your role on the committee is to make sure the folder contains appropriate data for teacher use.

Before taking the Unit Assessment, review the objectives and the content of this unit. Do not use your notes, manual, or supplementary information while completing the Unit Assessment.

USE WORKBOOK - ANSWER UNIT V ASSESSMENT

Unit VI: OK, Let's See How It All Goes Together

Unit Goal

Individual will be able to use assessment techniques to analyze weaknesses in instructional plan.

Unit Objectives

1. Individual can outline the assessment process.
2. Individual can determine why an individualized program is not working.

Unit Content

Which comes first, formal or informal assessment?

How do you know if you done good?

Now what? Johnny still isn't learning.

Average Worktime

30 Minutes

WHICH COMES FIRST, INFORMAL OR FORMAL ASSESSMENT

Which comes first? The best way to answer this question is to review the process of student assessment in terms of program placement.

Step One, the student is identified as having a learning problem.

The initial identification of a learning problem can be accomplished by means of formal or informal assessment.

Almost anyone, from the family doctor to the observant neighbor-next-door, can be the first person to discover the problem. Many tests performed as a matter of course within a few hours after birth are part of a formal battery of tests available to the doctor. However, often a problem goes unnoticed until the child has been enrolled in an elementary school. Many public schools now are administering formal screening tests designed to identify these learning problems.

Step Two, the specific disability is determined.

This is accomplished mostly through formal assessment techniques with some informal observations included. As a result of assessment information, initial program placement is determined.

Step Three, the exact instructional program is determined.

The child has been placed in your room. You and your team need to determine the best program. Generally, you will use informal assessment techniques because formal devices do not offer information specific enough to plan individualized instruction.

The process looks something like this:

Step 1

Informal and Formal Assessment

Used to determine the existence of a problem

Step 2

Formal with Some Informal Assessment

Used to determine specific disabilities in gross terms

Step 3

Informal Assessment

Used to determine specific needs, reinforcers, learning styles, and learning modalities for development of individualized instructional programs

Which comes first? Who knows! The important thing is that the individual's program is based on the best possible information.

HOW DO YOU KNOW IF YOU DONE GOOD?

It is much easier to determine the success of an instructional program if that program is well planned. A well planned program includes the following:

1. Well written terminal objectives.
2. Terminal objectives broken into subobjectives (task analysis).
3. Continuous collecting and recording of data.
4. Consistency in instructional procedures.
5. Ample opportunity for training to take place.

Copping out on any of these five points means that any decision regarding program success is not as accurate as it should be.

Here are some examples to illustrate the importance of each point. Picture yourself as the student. How would you feel if you were in each situation?

1. Well Written Terminal Objectives

You are a student pilot learning to fly. One day your teacher comes in and says he is impressed with you. Based only on his judgment, he approves your flying license. It just so happens the instructor appreciates nice looking legs, which you have and like to display.

Would you trust your flying skill based on this instructor's judgment or, would you prefer to pass a standard flying test that has a very clearly written terminal objective.

All teaching requires some creative judgment in regard to student success, but judgment is always best when the terminal objective is clear.

2. Terminal Objectives Broken into Subobjectives

You are taking a college class and the terminal objective is to pass the final exam. There are no other objectives to give you any idea what the professor expects you to know. When the time comes for the final, you do not know what to expect nor what constitutes a passing grade. You fail by one point. According to your grade, you have not learned anything in the course. Is this fair, or should the professor give you credit based on your successes all through the class?

Your students deserve a better break. Seldom will all students meet the criterion of your terminal objective. Still we know they have progressed. Stating a terminal objective and subobjectives provides a means to report the student's progress appropriately.

Also, having a task analyzed program at the beginning helps you provide a systematic approach to individualized teaching.

3. Continuous Collecting and Recording of Data

You are a little too fat. So you decide to join a weight watchers program. When you go the first time, the instructor says you need to lose twenty-four pounds. Your instructor gives you a diet and tells you it will take three months to lose the weight. At the end of two months you have lost five pounds. Disgusted, you quit the program and declare all weight watcher programs are fake.

If you had reported weekly for a weigh-in, your instructor would have noticed the diet program was not appropriate for you. Some changes in your program could have been made.

Data keeping is a continuous process. It is impossible to judge the effectiveness of a program unless records are kept. Continuous records inform the teacher of slight changes in student behavior which are important for effective and efficient individualized instruction.

4. Consistency in Instructional Procedures

You are trying to learn how to set your own hair. You know that you need to spend considerable time practicing this skill or you will look like something from a Halloween party, but your teacher keeps changing the directions.

Is this how you want to learn? Or, do you want the instruction to be more consistent? The answer is obvious.

Handicapped students meet many frustrations in their learning process. Usually they are unable to handle deviations in the instructional procedures.

5. Ample Opportunity for Training

You are a student practicing for the track team. The practice and coaching periods are twice a week. Learning to be a fast runner requires coaching and practice every day. Competitors from other schools have practiced everyday for two months. Is this fair to you? Or, would practice designed to meet your needs help you become a better performer?

The quality of performance should not be judged until there has been ample opportunity for practice.

These examples may be a little far out. However, their faults are very apparent in the day-to-day instructional process.

Overlooking any of the five points can weaken the very best instructional program.

INAPPROPRIATE PLANNING WEAKENS THE VERY BEST INSTRUCTIONAL PROGRAM.

So...
The first step
in determining if
"YOU DONE GOOD"
is to examine your
own planning and
instructional activities.

But the instructional program still is not working and it does not appear to be because of your planning...

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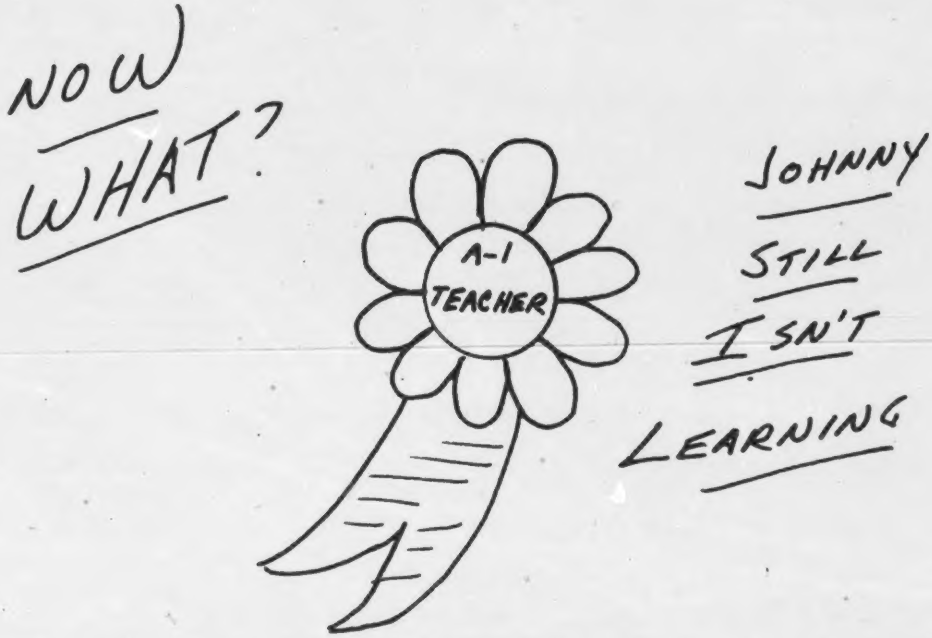


Maybe it's time to examine your own teaching activities. By asking these questions, you can tell if the proper instructional approach has been used:

1. Is the program in the wrong domain?
2. Are the criteria of the terminal and subobjectives too high?
3. Are the conditions in the objectives impossible to meet?
4. Does the program require entry level skills the student has not learned?
5. Are the learning activities presented through the student's strongest learning modalities, and are they the most appropriate for his learning style?

As you read this section of Unit VI, stop after each point and mentally formulate an example you have seen in your classroom. Think through how you could have made the learning experience more successful.

1. Is the program in the wrong domain?

A student may not learn a skill because he doesn't want to rather than because he can't. Somehow the payoffs are not changing his attitude.

EXAMPLE:

Tommy has not learned to clean crumbs off a table. The terminal objective requires that he complete the task after each meal for two consecutive weeks.

You have chosen to design the subobjectives in the mental skills domain since he is capable of managing the tools. However, the records show Tommy can do a very good job on some days but is inconsistent.

This inconsistency is a clue. You should design subobjectives and reinforcers for social adjustment training. (Remember the discussion in Unit IV?)

Don't feel you have failed as a teacher just because you planned an inappropriate program. Experts make the same mistakes.

TEACHERS LEAP

Johnny may have a combination of domain weaknesses. Social adjustment problems often develop when there is a history of learning failures. At times, the social adjustment problem is not apparent until a certain level of mental skill is developed.

When this type of inconsistent behavior is evidenced, develop a plan to give reinforcers for attitude change rather than work quality.

2. Are the criteria of the terminal and subobjectives too high?

A child may be able to perform the task, but not at the desired level of proficiency.

EXAMPLE:

Sue can dress herself after swimming, but your objective is for her to accomplish this in a five minute period. Currently, she performs the task consistently in ten minutes.

This may be her final level of skill development for the present. Wait to continue the program until she gets a little older, has a change in medication, or completes some other training programs.

You have not failed. Remember the level of expected attainment (the criterion) is only an estimate. All you did was estimate a little too high.

Continually frustrating Sue, at this time, by forcing her past her ability can lead to social adjustment problems. If frustration continues, she may refuse to dress herself at the ten minute level. Now where are you?

The simplest solution is to allow Sue to take a longer period to dress herself. Next year, you can try for the five minute level again.

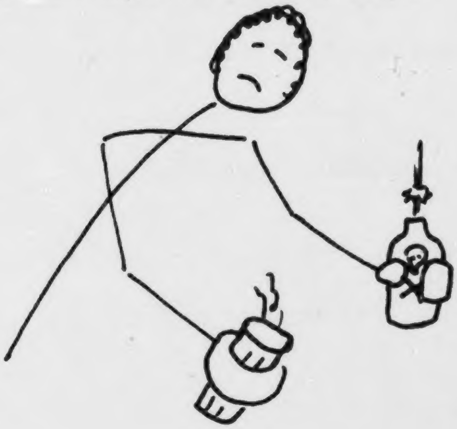
3. Are the conditions in the objectives impossible to meet?

A child may be able to perform very well for you in the classroom, but does not perform for others or in other environments.

EXAMPLE:

Jane can behave very well for you in the classroom or on a field trip, but, as soon as she is with others, her behavior becomes unmanageable. The condition of your objective is for Jane to behave for others as well as she does for you.

All is not lost! Your hope for Jane to behave in any situation is exemplary, but is almost impossible to achieve.



Whenever establishing conditions, you should be aware of the following considerations:

A. You may be attempting too large a leap from your control of the behavior to control managed by others without slowly fading yourself out of the picture. There are many behavioral management books describing how this can be accomplished.

B. Be honest with yourself. You really have little control over conditions outside your classroom. Do not expect others to automatically carry on the program when you have not included them in developing a program plan. One solution is to increase the instructional team to include all those who are involved in the continuity of the program.

If Jane's behavioral record shows a sudden decrease in skill level even in your classroom, you should reevaluate the conditions under which the skill is being performed. Often there are subtle differences in conditions which may affect skill level. Changes in medication, family problems, new classmates, and effectiveness of changes in reinforcers are a few environmental conditions that may affect student behaviors.

4. Does the program require entry level skills the student has not learned?

You can assume too much prior skill training; and, therefore, not teach a critical entry level skill.

EXAMPLE:

Herbie has not been successful in learning to add one-digit numbers. His record indicates a consistently low and erratic performance. There appears to be no social adjustment problem. Increasing the amount of training sessions and providing a smaller breakdown of subobjectives does not seem to help.

Don't give up yet! Maybe Herbie has not acquired a necessary entry level skill, such as recognizing one-digit numbers from one to nine.

The simplest solution is to immediately stop your present program and determine if you have included all the necessary entry level skills. Then simply provide instruction to develop those entry level skills that have not been developed.

5. Are the learning activities presented through the student's strongest learning modalities and are they the most appropriate for his learning style?

When planning an individualized program, many instructional problems can be avoided by taking learning modalities and learning styles into consideration.

EXAMPLE:

Hope learns well visually, but cannot follow verbal directions. There is no apparent physical or mental reason why she fails. You want her to learn to follow verbal directions, but no matter how hard she tries, she always fails.

If the student has a weakness in the auditory modality, requiring the individual to learn tasks auditorally is bound to fail without a great deal of prior remediation. The same is true for all the learning modalities. Hope's problem might be solved by providing some visual stimulus along with the verbal direction.

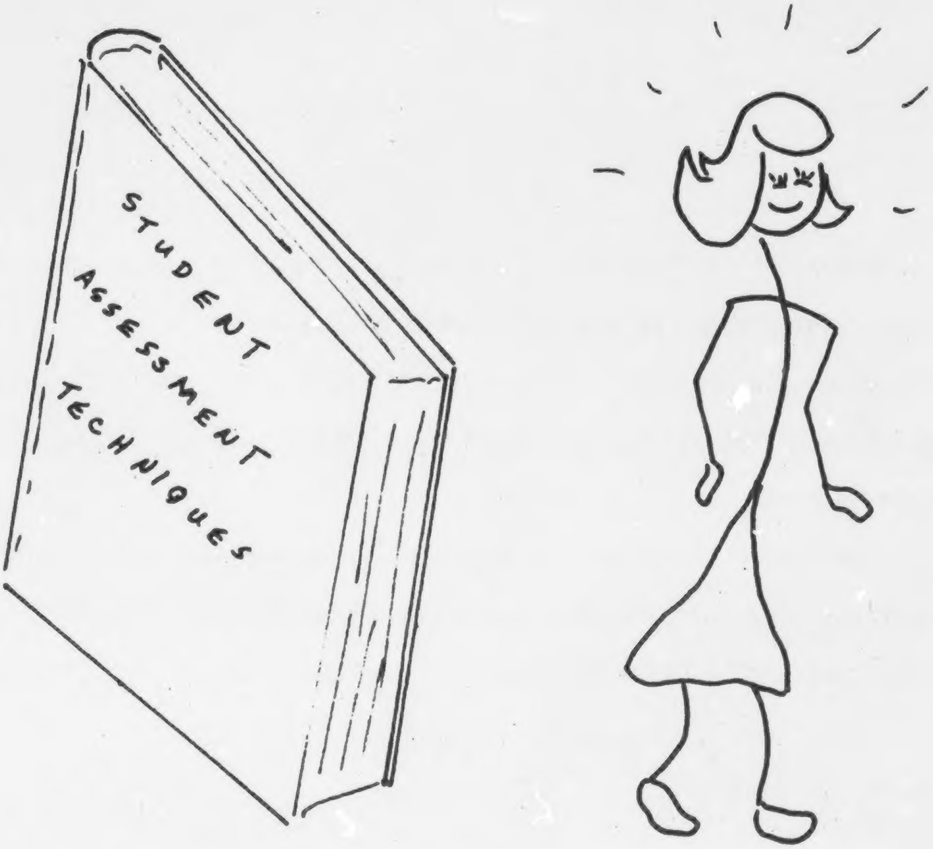
If Hope's learning style does not lend itself to doing more than one task at a time, you may be giving her too many directions at once. A solution would be to give Hope only one direction at a time.

That's about it. The rest is up to you. Remember the manual and workbook can guide you as new and different problems arise.

No doubt you soon will be reading additional books and articles on the subject of assessment. Compare the ideas of other authors and put it all together to meet your own situation.

Before taking the Criterion Assessment Examination, review the manual and workbook. Be sure you can discuss the objectives in each unit. When you feel comfortable with the material, take the exam.

GOOD LUCK AND THANK YOU FOR PARTICIPATING IN THIS STUDENT ASSESSMENT COURSE.


STUDENT
ASSESSMENT
TECHNIQUES

CLASS
DISMISSED

P.S. Don't forget to look at the Bibliography on the next pag and the one provided in Supplement A. Both are excellent sources of additional information.

BIBLIOGRAPHY

This partial listing of references has been especially selected to enable the curious to expand their knowledge of tests which specifically relate to this manual and Supplement A.

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SUPPLEMENT A

TO ACCOMPANY MANUAL ON STUDENT ASSESSMENT

CONTENTS

Comment . . . . A. 2

Formal Tests of Intellectual Functioning

Wechsler Intelligence Scale for Children (WISC) (Includes Samples of WPPSI Record) . . . . A. 3

Stanford-Binet Intelligence Scale (Binet). A.14

Slosson Intelligence Test (Slosson or SIT) A.20

Formal Tests of Adaptive Behavior

Adaptive Behavior Scale (ABS). A.23

Peabody Picture Vocabulary Test (PPVT) A.29

Vineland Social Maturity Scale (Vineland). A.35

Denver Developmental Screening Test (DDST) A.40

Illinois Test of Psycholinguistic Abilities (ITPA) A.44

Selected Bibliography A.50

Comment

Many formal assessment devices are used in collecting appropriate and accurate information about developmentally disabled individuals. Supplement A provides examples and brief discussions of several of these tests. This design should enable teachers and other professionals to read test results with better understanding and, therefore, facilitate individualized classroom planning.

A selected bibliography is included to assist persons desiring further information. However, the best references are the devices themselves and the examiner manuals. So, whenever possible, learn from the actual test kit.

Each formal device is outlined in the following manner:

What the Device Measures
Standardization Information
Reliability Information
Administration
Results Obtained
Interpretation of Results
Additional Comments
Samples

The Wechsler Intelligence Scale for Children (WISC)

What the Device Measures

The WISC is designed to measure general intellectual functioning of individuals ages five through fifteen.

Standardization Information

A sample group of 2,200 white children was selected to resemble the United States population as described in the 1940 census. Scores at the lower levels of intellectual functioning have been provided partly from this sample and partly by mathematical methods.

Reliability Information

The reliability of the scores ranges from +.80 to +.90. Reliability ratings of this magnitude are considered very good, meaning that on any retest the individual's responses should be comparable.

Comparisons with other tests measuring intellectual functioning have been accomplished through a method called correlation analysis. At the normal range of intelligence, the results indicate high reliability scores between the WISC and other tests. Scores in the lower intellectual ranges are less consistent. For example, individuals in the moderate and severe range of retardation tend to score about 6 IQ points higher on the WISC than on the Binet.

Administration

Administration time is approximately one hour. The test is administered by a qualified examiner in a one-to-one situation. Testing conditions include a quiet room with the examiner and the subject sitting opposite each other across a table.

Results Obtained

The WISC provides scores for twelve subtests grouped to yield a Verbal Score and a Performance Score. The sum of the subtest scores provide a Full Scale Score. Results are given as an IQ.

Interpretation of Results

The Verbal, Performance, and Full Scale IQ's are interpreted as follows:

Retardation Grouping	IQ
Mild	69-55
Moderate	54-40
Severe	39-25
Profound	24 and below

Additional Comments

The design of the WISC allows for many informal interpretations. However, these interpretations do not provide the exacting information supplied by the Verbal, Performance, and Full Scale Scores.

Some intrachild comparisons can be made by pinpointing the weak areas of intellectual functioning. With intensive training, the scores can be raised to some degree.

Estimates of social and emotional judgment and specific learning disorders can be made by comparing the difference between the verbal and performance portions of the scale. A difference of at least 20 IQ points is necessary before much meaning can be attached to this type of informal judgment.

The following generalizations relating to differences between the Verbal and Performance IQ scores are suggested by Gearheart and Willenberg (1970, page 26):

(1) Mentally retarded subjects (in general) are likely to score higher on the performance than on the verbal section.

(2) Mexican-American and most other bilingual mental retardates exhibit even greater differences in the direction of higher Performance IQ.

(3) Urban subjects are more likely to score higher on the Verbal (as opposed to the Performance) than are rural subjects.

(4) Subjects classified as remedial reading problems are more likely to score higher on the performance section.

Several authorities have suggested that individual subtests can be used in pinpointing remediation areas. The original authors of this recommendation have been lost, but the information is quite pertinent.

The subtests are discribed as follows:

Descriptions of WISC Subtests

Verbal Section

1. Information: Indicates general fund of knowledge (not specifically taught); intellectual curiority; alertness to everyday world (retention and recall); and background of information from home and school.
2. Comprehension: Reflects ability to evaluate past experience in a "common sense" manner and judgments in social situations. If Information scores are higher than Comprehension, it is considered that the individual is unable to integrate knowledge into social situations. Bizarre answers suggest emotional disturbance.

3. Arithmetic: Reflects elementary knowledge of arithmetic, power of concentration, and listening and reasoning abilities. The subtest is sensitive to frustration tolerance.
4. Similarities: Measures the ability of a child to do logical and abstract thinking. The subtest involves holding two ideas in mind at one time, comparing them, and then producing a related third idea (generalizing).
5. Vocabulary: Reflects the child's past or "long term" accumulated verbal learning ability. A person's vocabulary is often a good index of schooling, experience, and general intellectual functioning. Thus, the score may be influenced by cultural disadvantage, bilingualism, and paucity of background.
6. Digit span (a supplementary subtest): Represents ability for rote and immediate memory. It also reflects attention span and concentration. This subtest is considered sensitive to emotional disturbance, anxiety, and fatigue.

Performance Section

1. Picture Completion: Reflects awareness and memory for environmental detail (visual observation). It involves ability to differentiate essential from non-essential details (gestalt) and perceptual and conceptual abilities.
2. Picture Arrangement: Involves sequences of order, social planning, humor, and the ability to anticipate.
3. Block Design: Represents non-verbal or visual concept formation and visual-motor coordination and organization. It also reflects the ability to analyze, integrate, and synthesize information in order

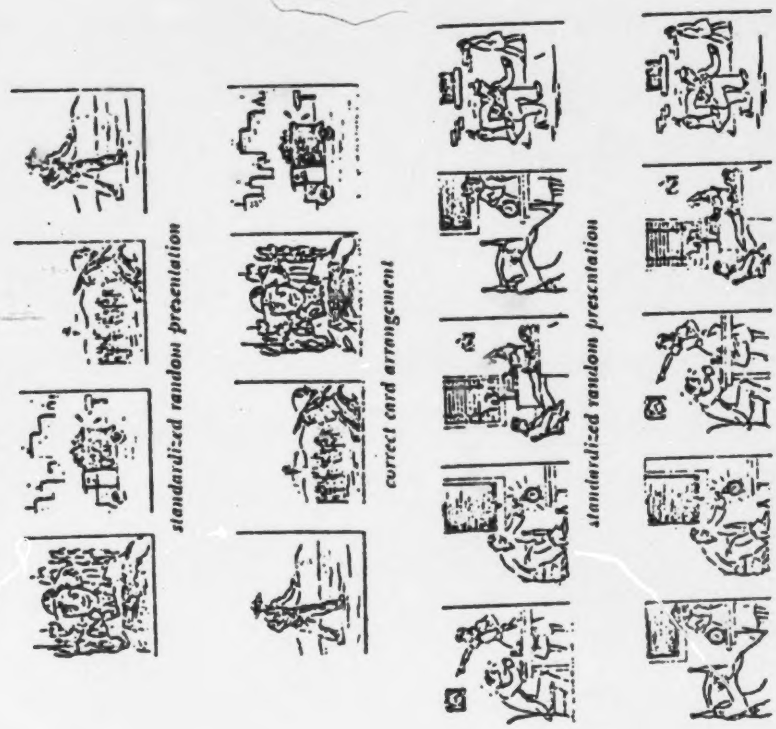
to produce an abstract concept (design). This subtest is believed to be sensitive to hasty or impulsive behavior and to neurological disorders. Block Design correlates higher with the Verbal Score and Full Scale Score than with the other Performance subtests.

4. Object Assembly: Reflects gestalt thinking, work habits, attention span, and the ability to persist.

5. Coding: Indicates ability to deal with symbols and associative learning (relationship between common recognizable symbols and less common but still recognizable symbols). Reflects visual-motor speed and abilities to persist and to attend. Coding is often considered predictive of learning required for reading, and it is generally said that a child who cannot succeed at a reasonable level in coding will have difficulty or may never learn to read.

6. Mazes (a supplementary subtest): Reflects ability to see the gestalt and to anticipate. It also involves small muscle control. The subtest is sensitive to neurological and emotional disorders.

SAMPLES OF WISC



standardized random presentation

correct card arrangement

standardized random presentation

incorrect card arrangement

WISC Picture Arrangement Subtest

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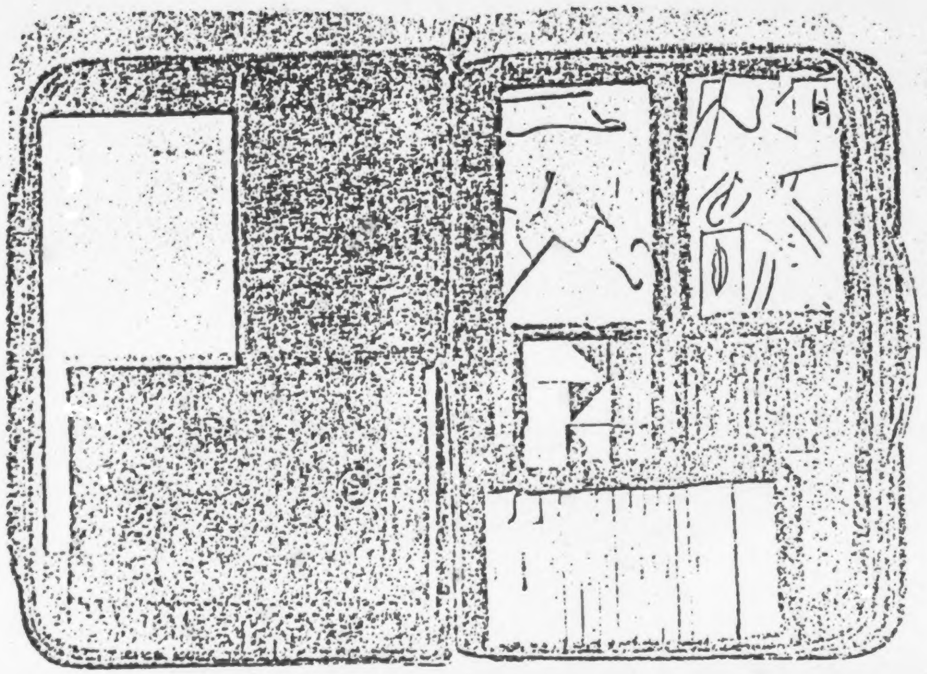
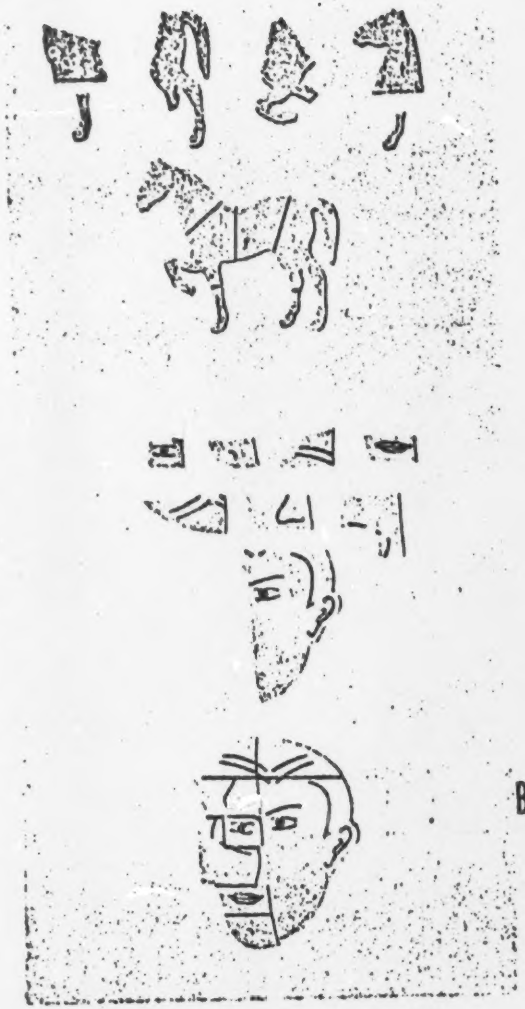


Wechsler Intelligence Scale for Children (WISC) Test Kit

Samples from the Wechsler Intelligence Scale for Children, developed by David Wechsler, have been reproduced by permission from The Psychological Corporation.

SAMPLES OF WISC



WISC OBJECT ASSEMBLY SUBTEST
Upper sequence—correct solution of "horse"; lower sequence—incorrect solution of "face"

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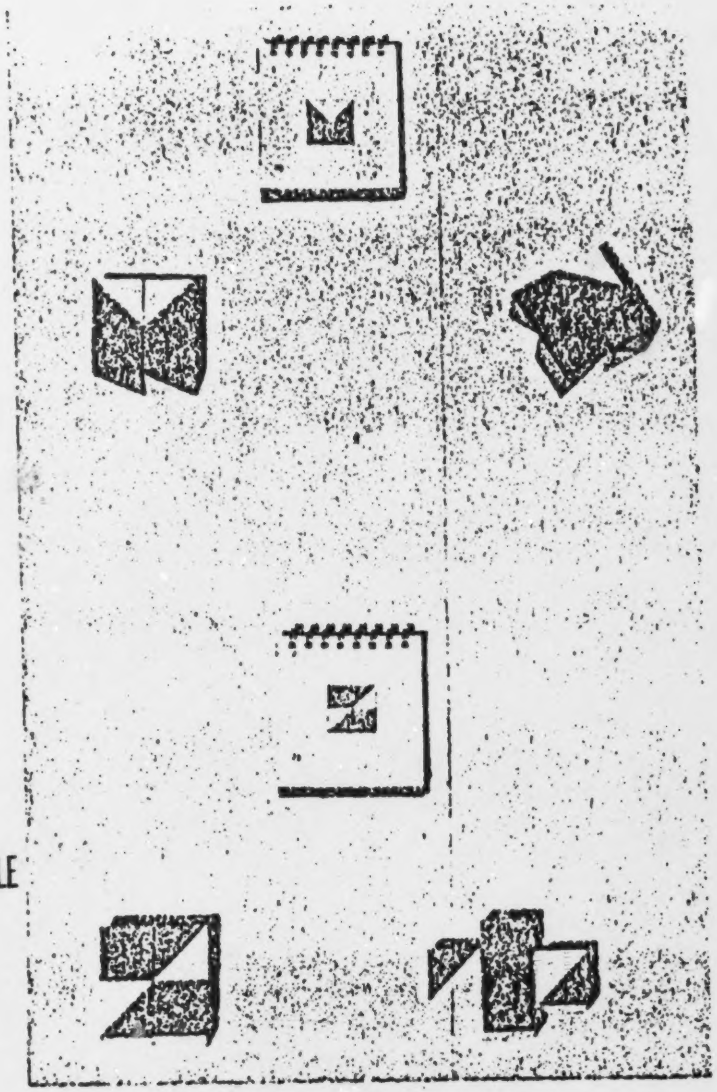

WISC BLOCK DESIGN SUBTEST
Correct block patterns on the left side; incorrect block patterns as perceived by a "brain damaged" child on the right side

A.10

WISC RECORD FORM

NAME ______ AGE ______ SEX ______

ADDRESS ______

PARENT'S NAME ______

SCHOOL ______ GRADE ______

REFERRED BY ______

	Year	Month	Day
Date Tested	______	______	______
Date of Birth	______	______	______
Age	______	______	______

	Scaled Score	IQ
Verbal Scale	______	*______
Performance Scale	______	*______
Full Scale	______	______

*Prorated if necessary

	Raw Score	Scaled Score
VERBAL TESTS		
Information	______	______
Comprehension	______	______
Arithmetic	______	______
Similarities	______	______
Vocabulary	______	______
(Digit Span)	______	______
Sum of Verbal Tests		______
PERFORMANCE TESTS		
Picture Completion	______	______
Picture Arrangement	______	______
Block Design	______	______
Object Assembly	______	______
Coding	______	______
(Mazes)	______	______
Sum of Performance Tests		______

NOTES

______
Examiner

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66-333 AS

6. PICTURE COMPLETION

	Score 1 or 0
1. Comb	
2. Table	
3. Fox	
4. Girl	
5. Cat	
6. Door	
7. Hand	
8. Card	
9. Scissors	
10. Coat	
11. Fish	
12. Screw	
13. Fly	
14. Rooster	
15. Profile	
16. Thermometer	
17. Hat	
18. Umbrella	
19. Cow	
20. House	

7. PICTURE ARRANGEMENT

Arrangement	Time	Order	Score				
A. Dog 75"	1 2		0		1 ABC		2 ABC
B. Mother 75"			0		1 OYT		2 TOY
C. Train 60"			0		1 IR ON		2 IRON
D. Scale 45"			0		2 ABC		
(Fight)							
1. Fire 45"			0	4	11-15 5	6-10 6	1-5 7
				FIRE			
2. Burglar 45"			0	4	11-15 5	6-10 6	1-5 [illegible]
				THUG			
3. Farmer 45"			0	4	11-15 5	6-10 6	1-5 7
				QRST or SQRT			
4. Picnic 45"			0	4	11-15 5	6-10 6	1-5 7
				EFGH or EFHG			
5. Sleeper 60"			0	4	16-20 5	11-15 6	1-10 7
				PERCY			
6. Gardener 75"			0	4	21-30 5	16-20 6	1-15 7
				FISHER or FSIHER			
7. Rain 75"			0 2 MSTEAR ASTEMR	4	21-30 5	16-20 6	1-15 7
				MASTER			

8. BLOCK DESIGN

Design	Time	Pass-Fail	Score				
A. 45"	1		2				
	2		0 1				
B. 45"	1		2				
	2		0 1				
C. 45"	1		2				
	2		0 1				
1. 75"			0	21-75 4	16-20 5	11-15 6	1-10 7
2. 75"			0	21-75 4	16-20 5	11-15 6	1-10 7
3. 75"			0	36-75 4	21-35 5	16-20 6	1-15 7
4. 75"			0	21-75 4	16-20 5	11-15 6	1-10 7
5. 150"			0	66-150 4	46-65 5	36-45 6	1-35 7
6. 150"			0	91-150 4	66-90 5	56-65 6	1-55 7
7. 150"			0	91-150 4	66-90 5	56-65 6	1-55 7

9. OBJECT ASSEMBLY

Object	Time	Score									
Manikin 120"		0	1	2	3	21-120 4	16-20 5	11-15 6	1-10 7		
Horse 180"		0	1	2	3	4	5	31-180 6	21-30 7	16-20 8	1-15 9
Face 180"		0	1	2	3	4	5	71-180 6	46-70 7	36-45 8	1-35 9
Auto 180"		0	1	2	3	4	5	46-180 6	31-45 7	26-30 8	1-25 9

Notes:

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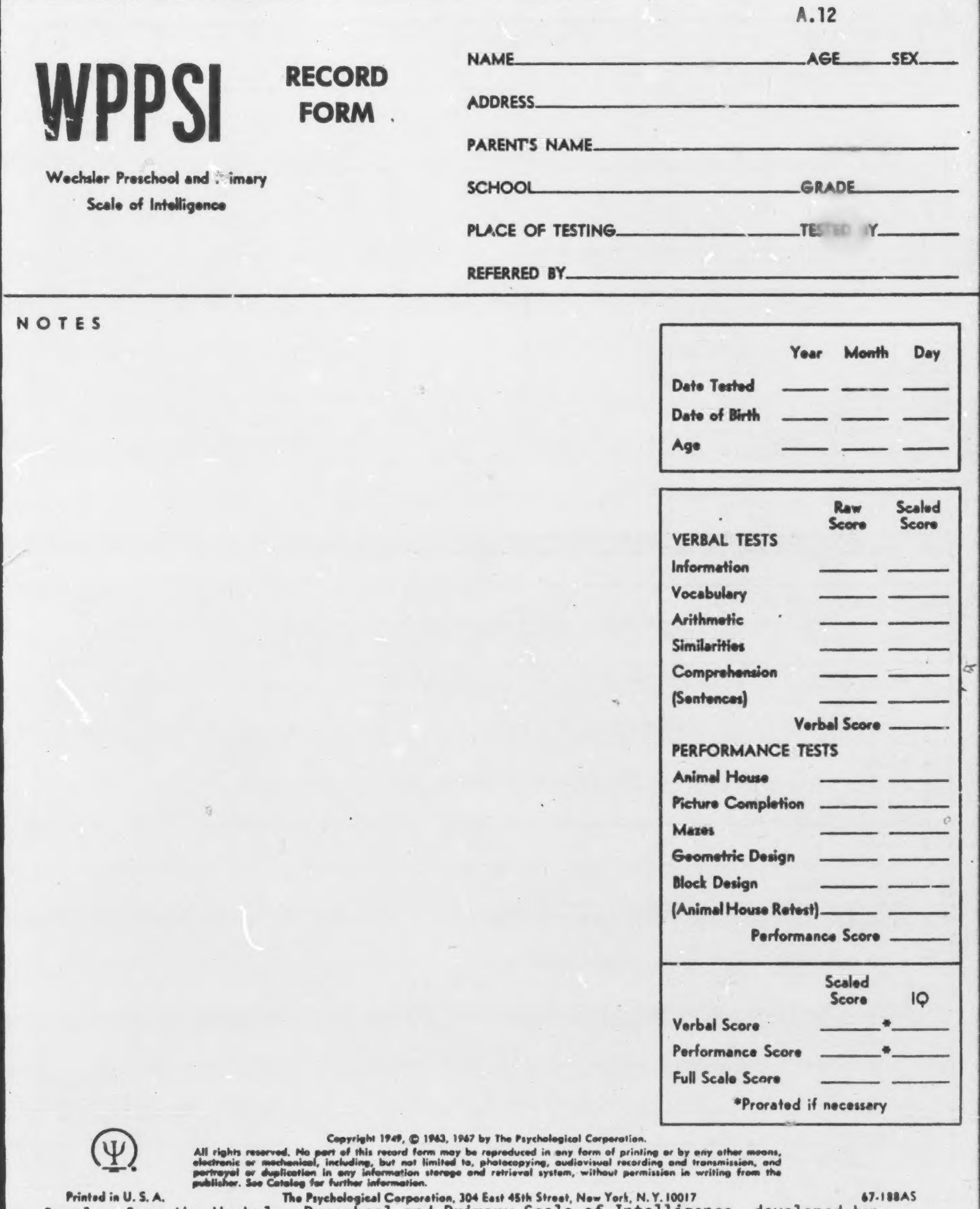

WPPSI

Wechsler Preschool and Primary Scale of Intelligence

RECORD FORM

NAME ______________________ AGE ____ SEX ____

ADDRESS ______________________

PARENT'S NAME ______________________

SCHOOL ______________________ GRADE ____

PLACE OF TESTING ______________ TESTED BY ____

REFERRED BY ______________________

NOTES

	Year	Month	Day
Date Tested			
Date of Birth			
Age			

	Raw Score	Scaled Score
VERBAL TESTS		
Information		
Vocabulary		
Arithmetic		
Similarities		
Comprehension		
(Sentences)		
Verbal Score		
PERFORMANCE TESTS		
Animal House		
Picture Completion		
Mazes		
Geometric Design		
Block Design		
(Animal House Retest)		
Performance Score		

	Scaled Score	IQ
Verbal Score	*	
Performance Score	*	
Full Scale Score		

*Prorated if necessary

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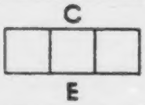
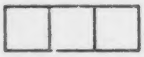
9. BLOCK DESIGN

Discontinue: 2 consecutive failures, starting with Design 3

Design	Trial Time	*	Pass-Fail	Score
1. 	1 30"	D		0 1 2
	2 30"	D		
2. 	1 30"	ND		0 1 2
	2 30"	D		
Discontinue: if Designs 1 and 2 are failed				
Age 6 and over: begin here				
3.	1 30"	D		0 1 2
	2 30"	D		
4.	1 30"	D		0 1 2
	2 30"	D		
5.	1 45"	D		0 1 2
	2 45"	D		

Design	Trial Time	*	Pass-Fail	Score
6.	1 45"	ND		0 1 2
	2 45"	D		
7.	1 60"	ND		0 1 2
	2 60"	D		
8. See card	1 60"	D		0 1 2
	2 60"	D		
9. See card	1 75"	ND		0 1 2
	2 75"	D		
10. See card	1 75"	ND		0 1 2
	2 75"	D		
			Total	

* "D" means examiner demonstrates trial; "ND" means examiner does not demonstrate trial. See Manual.

10. COMPREHENSION

Discontinue: 4 consecutive failures

	Score 2, 1 or 0
1. Play—matches	
2. Wash	
3. Cut—finger	
4. Clocks	
5. Lose—ball (doll)	
6. Toilet	
7. Houses—windows*	
8. Clothes*	
9. Work*	
10. Light—room*	
11. Children—sick	
12. Loaf—bread	
13. Fight	
14. House—brick*	
15. Criminals*	
Total	

* If child states only one reason, say, "Give me another reason why . . . houses have windows (or a similar restatement of question)." See Manual.

Stanford-Binet Intelligence Scale (Binet)

What the Device Measures

The Binet is designed to measure general intellectual functioning of individuals ages two through adulthood.

Standardization Information

The standardization sample was determined by subject's occupation or parent's occupation in proportion to the United States population. Scores lower than two standard deviations below the average have been provided partly from this sample and partly by mathematical methods.

Reliability Information

The test-retest studies result in very little IQ change unless there have been changes in physical well-being or environmental stimulation. The same holds true for retests on retarded individuals.

Administration

The test is administered by a qualified examiner in a one-to-one situation. Testing conditions include a quiet room with the examiner and subject sitting opposite each other across a table.

Administration time varies from thirty minutes to one and one-half hours.

Results Obtained

The results yield an estimate of mental age (MA) and an IQ.

Interpretation of Results

The IQ is interpreted as follows:

Retardation Grouping	IQ
Mild	68-52
Moderate	51-36
Severe	35-20
Profound	19 and below

These scores are from 1 to 5 IQ points lower than similar scores on the Wechsler Scales.

Additional Comments

The IQ score relates directly to predictions of school performance.

Several researchers have attempted to sort the different subtests at each age level into groupings such as motor, perceptual, and verbal. The results of these studies are still experimental. Therefore, the use of data supplied in this manner must be considered nonstandardized and informal in nature.

The Binet is an excellent test to use in measuring the intellectual functioning of retarded individuals. However, a retarded subject with known brain damage may not perform as well on the Binet, as on the Wechsler, because of the way subtests are grouped. The Binet requires several subject responses at each age level while the Wechsler Scales assess one type of response at a time.

Reduced scores will be evident whenever language and motor disabilities reduce communication between the examiner and subject.

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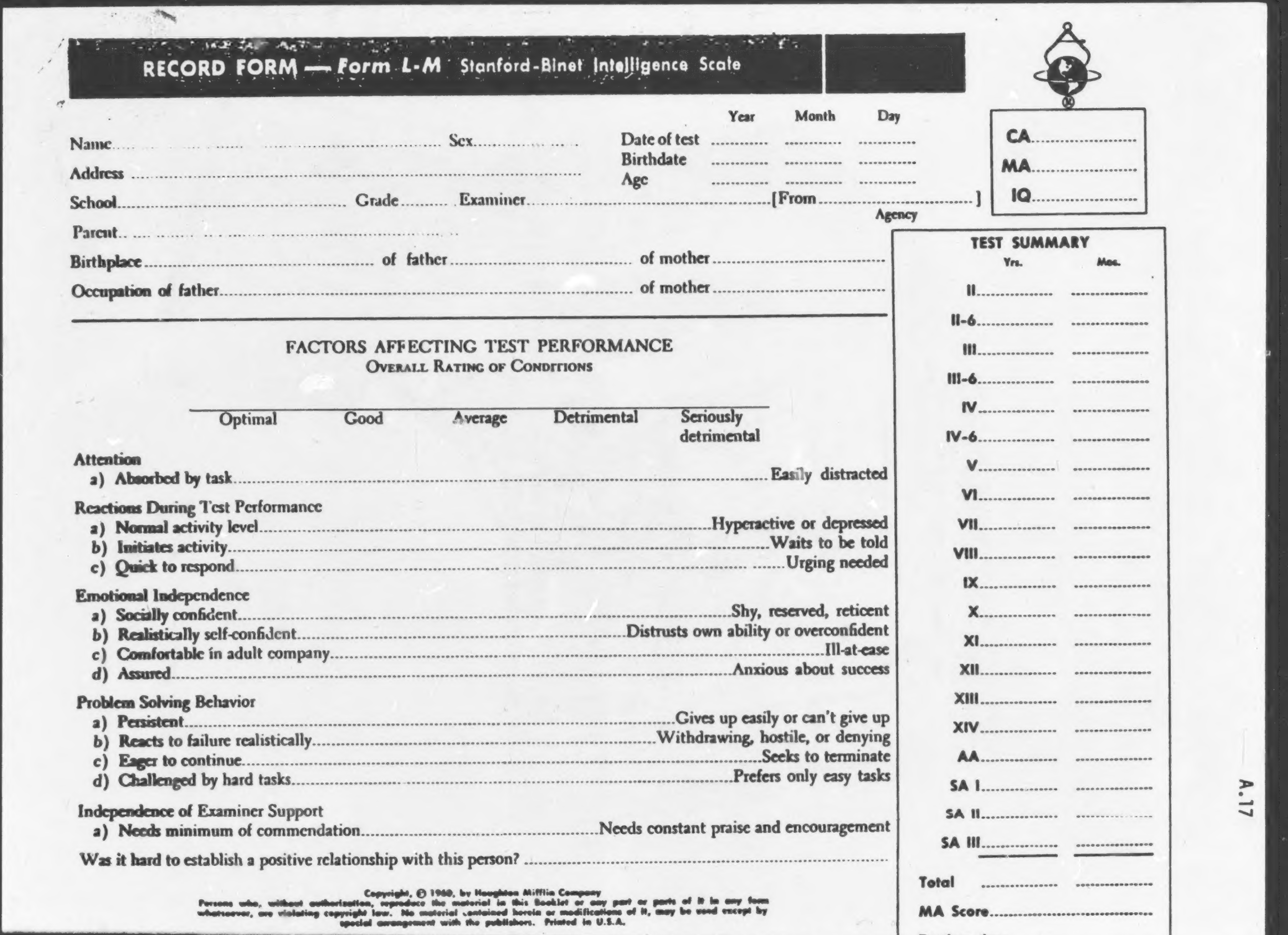

RECORD FORM — *Form L-M* Stanford-Binet Intelligence Scale

		Year	Month	Day
Name........ Sex........	Date of test	....	....	....
Address........	Birthdate	....	....	....
	Age	....	....	....

School........ Grade........ Examiner........[From........] Agency

Parent........

Birthplace........ of father........ of mother........

Occupation of father........ of mother........

CA........

MA........

IQ........

TEST SUMMARY

	Yrs.	Mos.
II	....	....
II-6	....	....
III	....	....
III-6	....	....
IV	....	....
IV-6	....	....
V	....	....
VI	....	....
VII	....	....
VIII	....	....
IX	....	....
X	....	....
XI	....	....
XII	....	....
XIII	....	....
XIV	....	....
AA	....	....
SA I	....	....
SA II	....	....
SA III	....	....
Total	....	....

MA Score........

Testing time........

FACTORS AFFECTING TEST PERFORMANCE

Overall Rating of Conditions

Optimal	Good	Average	Detrimental	Seriously detrimental

Attention

a) Absorbed by task........Easily distracted

Reactions During Test Performance

a) Normal activity level........Hyperactive or depressed
b) Initiates activity........Waits to be told
c) Quick to respond........Urging needed

Emotional Independence

a) Socially confident........Shy, reserved, reticent
b) Realistically self-confident........Distrusts own ability or overconfident
c) Comfortable in adult company........Ill-at-ease
d) Assured........Anxious about success

Problem Solving Behavior

a) Persistent........Gives up easily or can't give up
b) Reacts to failure realistically........Withdrawing, hostile, or denying
c) Eager to continue........Seeks to terminate
d) Challenged by hard tasks........Prefers only easy tasks

Independence of Examiner Support

a) Needs minimum of commendation........Needs constant praise and encouragement

Was it hard to establish a positive relationship with this person? ....

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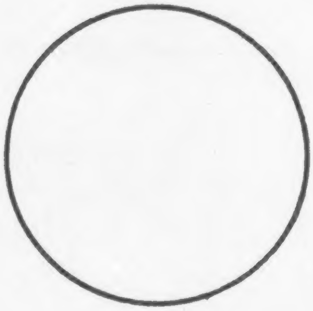


Year II (6 tests x 1, or 4* tests x 1½)

...*1. Form board (1+) [ ] a.... b....
... 2. Delayed response (2+) [ ] a.... b.... c....
...*3. Parts of body (4+) [ ] a....b....c....d....e....f....g....
... 4. Block tower (±) [ ]
...*5. Picture vocabulary (3+) [ ]
...*6. Word combinations (±) [ ]
... A. Ident. obj. by name (5+) [ ] a....b....c....d....e....f....

Year II-6 (6 tests x 1, or 4* tests x 1½)

...*1. Ident. obj. by use (3+) [ ] a....b....c....d....e....f....
... 2. Parts of body (6+) [ ]
...*3. Naming obj. (5+) [ ] a.... b.... c.... d.... e.... f....
...*4. Picture vocabulary (8+) [ ]
...*5. 2 digits (1+) [ ] 47.... 63.... 58....
... 6. Simple commands (2+) [ ] a.... b.... c....
... A. Form board: rot. (2+) [ ] a.... b.... c....

Year III (6 tests x 1, or 4* tests x 1½)

.... 1. Stringing beads (4+) 2 min. [ ]
...*2. Picture vocabulary (10+) [ ]
...*3. Block bridge (±) [ ]
...*4. Picture memories (1+) [ ] a.... b....
...*5. Copying circle (1+) [ ] a.... b.... c....
... 6. Vertical line (±) [ ]
.... A. 3 digits (1+) [ ] 641.... 352.... 837....

Year III-6 (6 tests x 1, or 4* tests x 1½)

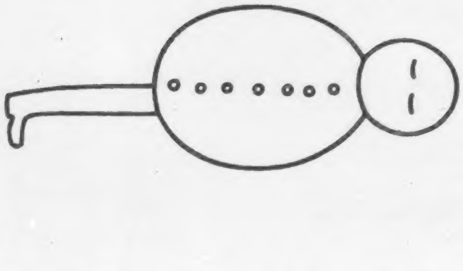
......*1. Comp. balls (3 of 3, or 5 of 6+) [ ] a....b....c..../d....e....f....
...... 2. Patience: pictures (1+) [ ] a.... b....
......*3. Discr. animal pictures (4+) [ ]
......*4. Response to pictures (Level I, 2+) [ ] a.... b.... c....
...... 5. Sorting buttons (2 min.) Errors.... [ ]
......*6. Comprehension I (1+) [ ] a.... b....
...... A. Comp. sticks (3 of 3, or 5 of 6+) [ ] a....b....c..../d....e....f....

Year IV (6 tests x 1, or 4* tests x 1½)

......*1. Picture vocabulary (14+) [ ]
......*2. Obj. from memory (2+) [ ] a.... b.... c....
......*3. Opp. analogies I (2+) [ ] a.... b.... c.... d.... e....
......*4. Pict. ident. (3+) [ ] a.... b.... c.... d.... e.... f....
...... 5. Discr. forms (8+) [ ]
...... 6. Comprehension II (2+) [ ] a.... b....
...... A. Sent. mem. I (1+) [ ] a.... b....

Year IV-6 (6 tests x 1, or 4* tests x 1½)

...... 1. Aesth. comp. (3+) [ ] a.... b.... c....
......*2. Opp. analogies I (3+) [ ]
......*3. Pict. sim. & diff. I (3+) [ ]
...... 4. Materials (2+) [ ] a.... b.... c....
......*5. 3 commissions (3+) [ ] a.... b.... c....
......*6. Comprehension III (1+) [ ] a.... b....
...... A. Pict. ident. (4+) [ ]



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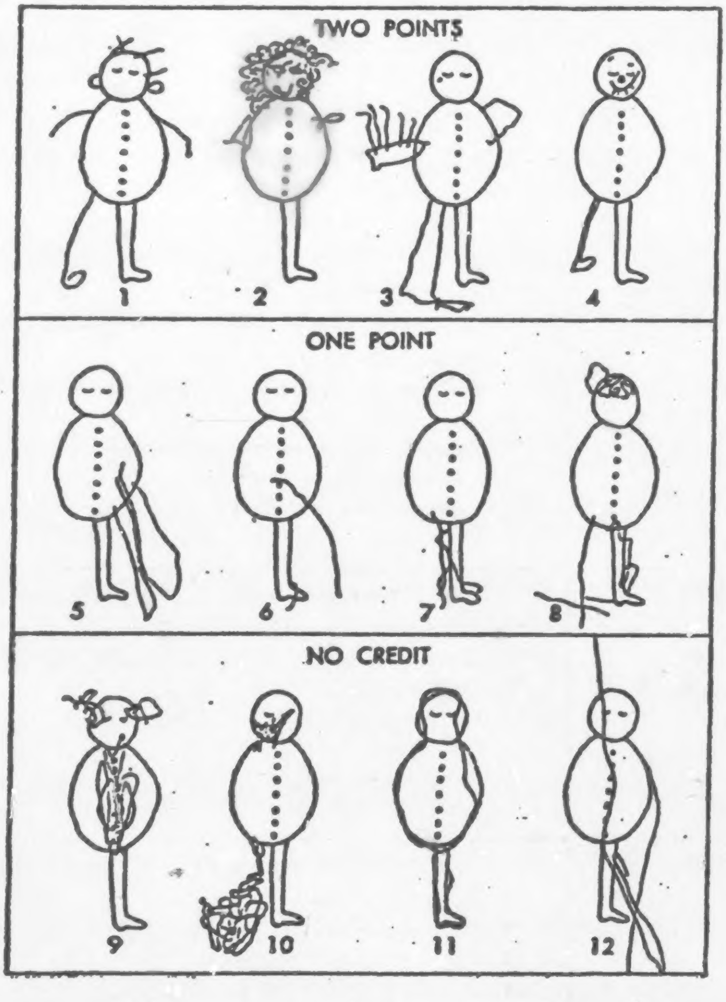
TWO POINTS
1
2
3
4
ONE POINT
5
6
7
8
NO CREDIT
9
10
11
12

One point for attempt to fill in additional features within the outline of the head, i.e., for either nose or mouth. No additional credit for ears or hair or for completing eyes or adding the eyelashes.

The above figures illustrate some of the various possibilities, together with the scoring credits.

Score: 2 points.

Slosson Intelligence Test (Slosson or SIT)

What the Device Measures

The Slosson is designed to measure the general intellectual functioning of individuals from age two through adulthood. At the lower age range, the test follows the developmental guidelines of the Gesell and Binet studies. This device measures verbal responses to question-and-answer types of activities.

Standardization Information

The sample population was drawn from a cross-section of urban and rural areas and public and private agencies. A variety of cultural and ethnic backgrounds and a large range of intellectual abilities also were included. All individuals in the sample spoke English.

Reliability Information

The test-retest reliability scores are very high (+.97), meaning that over time the IQ scores will vary only a few points under normal conditions.

Administration

The test is easy to administer which allows for its wide use by teachers, administrators, and clinicians.

Administration time is approximately ten to twenty minutes.

Results Obtained

The Slosson yields a single IQ score.

Interpretation of Results

Results are interpreted as follows:

Retardation Grouping	IQ
Dull normal	80-89
Mild	70-79
Moderate, Severe, Profound	Below 70

Additional Comments

The test is designed as a screening device and should never be used as the only measure of intellectual functioning. This is especially true with suspected mental retardation, since the test relies heavily on verbal factors and retarded individuals often have limited verbal abilities.

(Pads of yellow score sheets accompany this test.)

(EXAMPLE)

A.22

SCORE SHEET

SLOSSON INTELLIGENCE TEST (SIT)

FOR

CHILDREN AND ADULTS

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$$IQ = \frac{MA}{CA} \times 100$$

CA 13-3 (YEARS MONTHS)
MA 8-10 (YEARS MONTHS)
IQ 67

Copyright © 1963, Richard L. Slosson, M.A.

Name Green, Alice (LAST FIRST MIDDLE)
Address 321 Park Street, Chicago, Ill.
School School No. 45 Grade 6th
Examiner M. T. Jones, 6th grade teacher

Present date 1963 9 21 (YEAR MONTH DAY)
Birth date 1950 6 20 (YEAR MONTH DAY)
13 3 1
Age or CA 13-3 (YEARS MONTHS)

Finding the MA	
Basal age (JUST BELOW FIRST ERROR)	7-8
Added months (ABOVE FIRST ERROR)	14
	7-22
MA	8-10

Finding the IQ

```
               66.6
CA* 159  ) 106 00  (MA in months)
(MONTHS)   954
           1060
            954
           1060
            954
```

*The CA never exceeds 16 years or 192 months.

CONVERTING YEARS TO MONTHS:								
1-12	4-48	7-84	10-120	13-156	16-192	19-228	22-264	25-300
2-24	5-60	8-96	11-132	14-168	17-204	20-240	23-276	26-312
3-36	6-72	9-108	12-144	15-180	18-216	21-252	24-288	27-324

1/2 MONTH'S CREDIT		1 MONTH'S CREDIT		2 MONTH'S CREDIT			3 MONTH'S CREDIT	
Years and months		Years and months		Years and months			Years and months	
0-0.5	1-0.0	2-0	4-0	5-0	+ 9-0	13-0	16-0	22-0
0-1.0	1-0.5	2-1	4-1	5-2	+ 9-2	13-2	16-3	22-3
0-1.5	1-1.0	2-2	4-2	5-4	+ 9-4	13-4	16-6	22-6
0-2.0	1-1.5	2-3	4-3	5-6	− 9-6	13-6	16-9	22-9
0-2.5	1-2.0	2-4	4-4	5-8	− 9-8	13-8	17-0	23-0
0-3.0	1-2.5	2-5	4-5	5-10	− 9-10	13-10	17-3	23-3
0-3.5	1-3.0	2-6	4-6	6-0	− 10-0	14-0	17-6	23-6
0-4.0	1-3.5	2-7	4-7	+ 6-2	− 10-2	14-2	17-9	23-9
0-4.5	1-4.0	2-8	4-8	+ 6-4	+ 10-4	14-4	18-0	24-0
0-5.0	1-4.5	2-9	4-9	+ 6-6	− 10-6	14-6	18-3	24-3
0-5.5	1-5.0	2-10	4-10	+ 6-8	− 10-8	14-8	18-6	24-6
0-6.0	1-5.5	2-11	4-11	+ 6-10	− 10-10	14-10	18-9	24-9
0-6.5	1-6.0	3-0		+ 7-0	− 11-0	15-0	19-0	25-0
0-7.0	1-6.5	3-1		+ 7-2	− 11-2	15-2	19-3	25-3
0-7.5	1-7.0	3-2		+ 7-4	− 11-4	15-4	19-6	25-6
0-8.0	1-7.5	3-3		+ 7-6	− 11-6	15-6	19-9	25-9
0-8.5	1-8.0	3-4		+ 7-8	− 11-8	15-8	20-0	26-0
0-9.0	1-8.5	3-5		7-10	− 11-10	15-10	20-3	26-3
0-9.5	1-9.0	3-6		− 8-0	− 12-0		20-6	26-6
0-10.0	1-9.5	3-7		− 8-2	12-2		20-9	26-9
0-10.5	1-10.0	3-8		+ 8-4	12-4		21-0	27-0
0-11.0	1-10.5	3-9		+ -6	12-6		21-3	
0-11.5	1-11.0	3-10		− 8-8	12-8		21-6	
	1-11.5	3-11		+ 8-10	12-10		21-9	
1/2 X ___ = ___		1 X ___ = ___		2 X 7 = 14			3 X ___ = ___	

ten passes

basal age

ten failures

Slosson Educational Publications
140 Pine Street
East Aurora, New York

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1963 EDITION

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Adaptive Behavior Scale (ABS)

What the Device Measures

The ABS is designed to measure a wide range of behaviors required to cope with natural and social demands of the environment.

Standardization Information

The ABS is in the experimental stage so information provided here and in the "Reliability Information" section is inconclusive at this time.

The original device was standardized on approximately 2,800 retardates from sixty-three different institutions and was among the first measures developed to compare one retarded individual with another. This factor is important because most tests are designed to evaluate average and supeior individuals with retardates falling at the lower end of the scale.

Currently, the possibility of including a greater range of behaviors in the ABS is being explored. As specific behaviors are isolated and determined to be relevant, they will be added to the experimental edition.

Reliability Information

Each domain has been examined for test-retest reliability and for similarity of scores between examiners. Several of the domains have low reliability ratings. These are being rewritten in order to maintain consistency of results from one testing period to another.

Administration

The device can be administered by professionals, paraprofessionals, and parents with only a limited amount of training.

The method of collecting data requires the examiner to be familiar with the subject's behaviors for at least thirty days prior to the examination. If this is not possible, a competent informant, such as a parent, must provide the information.

Administration time varies from thirty minutes to an hour depending on examiner skill and the time it takes to question the informant.

Results Obtained

The ABS assesses ten behavior domains considered important in maintaining personal independence in daily living and fourteen domains related to personality and behavior disorders.

The results provide information grouped by domain. Therefore, comparisons can be made with other individuals at the same level of adaptive ability.

Interpretation of Results

Knowledge of strengths and weaknesses in each domain aid the professional team in the determination of training priorities. Although the domains of the ABS do not constitute a specific training program, they do give direction for prescriptive planning.

Additional Comments

The developers of the scale advise against extracting a small number of items for clinical or administrative purposes. However, informal attempts to use 100 of the items as an indication of adaptive development have met with positive results.

The ABS does not examine the effect of varying environmental conditions on the individual. This is important to remember to avoid reporting oversimplified successes. For example, an examiner may report successes which are not observed by another examiner under different or new environmental conditions. Therefore, the credibility of the examiners and the device may be questioned.

The twenty-four domains are:

Adaptive Behavior Domains

Part I Daily Living

I. Independent Functioning

II. Physical Development

III. Economic Activity

IV. Language Development

V. Number and Time Concept

VI. Occupation-Domestic

VII. Occupation-General

VIII. Self-Direction

XI. Responsibilities

X. Socialization

Part II Personality and Behavior

A. Violent and Destructive Behavior

B. Antisocial Behavior

C. Rebellious Behavior

D. Untrustworthy Behavior

E. Withdrawal

F. Stereotyped Behavior and Odd Mannerisms

G. Inappropriate Interpersonal Manners

H. Inappropriate Vocal Habits

I. Unacceptable or Eccentric Habits

J. Self-Abusive Behavior

K. Hyperactive Tendencies

L. Sexually Aberrant Behavior

M. Psychological Disturbances

N. Use of Medications

ADAPTIVE BEHAVIOR SCALE
(1972 Revision)

[*Experimental edition*
For research use only]

Name ______________________________ Sex: M F Birth date ____ ____ ____
(Last) (First) (circle one) mo. day yr.

Rater's name ______________________________ Date of this rating ____________

This scale consists of a number of statements that describe some of the ways residents act in different situations. There are two kinds of items in this scale. The first requires that you select only ONE of the several possible answers. For example:

(1) **Eating in Public** (Check only ONE)

☐ 3 Orders complete dinner in restaurants
☒ 2 Orders simple meals like hamburgers or hot dogs
☐ 1 Orders soft drinks at soda fountain or canteen
☐ 0 Does not order at public eating places

Notice that the statements are arranged in order of difficulty: 3, 2, 1 and 0. Check the *one* statement that best describes the *most difficult* task the resident can usually manage. In this example, the resident being rated can order simple meals like hamburgers or hot dogs (2), but cannot order a complete dinner (3). Therefore, (2) is checked in the example above.

The second type of item asks you to check ALL statements that apply to the resident. For example:

(2) **Table Manners** (Check ALL statements that apply)

____ a. Swallows food without chewing
_✓_ b. Chews food with mouth open
____ c. Drops food on table or floor
_✓_ d. Uses napkin incorrectly or not at all
____ None of the above

In the example above, "b" and "d" are checked to indicate that the resident "chews food with mouth open" and he "uses napkin incorrectly or not at all." If none of the statements applies to the resident, check "None of the above."

Some items may deal with behaviors that are clearly against regulations, e.g., uses telephone, or behaviors that are not possible for the resident to perform because the opportunity does not exist, e.g., eating in restaurants. In these instances, you must still complete your rating. Give the resident credit for the item if you feel certain that he can and would perform it *without additional training* had he the opportunity to do so. Write "AR" for "Against Regulation" or "HNO" for "Has No Opportunity" next to the rating made. These notations will not effect the scoring of that item, but, will contribute to the understanding and interpretation of the resident's adaptive behavior and his environment.

Please observe the following general rules in rating a resident:

1. In items which specify "with help" for completion of task, "with help" means *direct physical assistance.*

2. Give the resident credit for an item even *if he needs verbal prompting or reminding* to complete the task unless the item definitely states "without prompting" or "without reminder."

Samples from the Adaptive Behavior Scale, developed by Nihira, Foster, Shellhaas, and Le
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A.28

PART I

I. INDEPENDENT FUNCTIONING

A. EATING SKILLS

(1) Use of Table Utensils (Check only ONE)

0

☐ 6 Uses knife and fork correctly and neatly
☐ 5 Uses table knife for cutting or spreading
☐ 4 Feeds self with spoon and fork — neatly
☐ 3 Feeds self with spoon and fork — considerable spilling
☐ 2 Feeds self with spoon — neatly
☐ 1 Feeds self with spoon — considerable spilling
☑ 0 Feeds self with fingers or must be fed

(2) Eating in Public (Check only ONE)

0

☐ 3 Orders complete meals in restaurants
☐ 2 Orders simple meals like hamburgers or hot dogs
☐ 1 Orders soft drinks at soda fountain or canteen
☑ 0 Does not order at public eating places

(3) Drinking (Check only ONE)

3

☑ 3 Drinks without spilling, holding glass in one hand
☐ 2 Drinks from cup or glass unassisted — neatly
☐ 1 Drinks from cup or glass unassisted — considerable spilling
☐ 0 Does not drink from cup or glass unassisted

(4) Table Manners (Check ALL statements that apply)

0

— a. Swallows food without chewing
— b. Chews food with mouth open
— c. Drops food on table or floor
— d. Uses napkin incorrectly or not at all
— e. Talks with mouth full
— f. Takes food off others' plates
— g. Eats too fast or too slow
— h. Plays in food with fingers
✓ i. None of the above

Comments ____________________

B. TOILET USE

(5) Toilet Training (Check only ONE)

0

☐ 4 Never has toilet accidents
☐ 3 Never has toilet accidents during the day
☐ 2 Occasionally has toilet accidents during the day
☐ 1 Frequently has toilet accidents during the day
☑ 0 Is not toilet trained at all

(6) Self-Care At Toilet
(Check ALL statements that apply)

6

✓ a. Lowers pants at the toilet without help
✓ b. Sits on toilet seat without help
✓ c. Uses toilet tissue appropriately
✓ d. Flushes toilet after use
✓ e. Puts on clothes without help
✓ f. Washes hands without help
— None of the above

Comments: ____________________

C. CLEANLINESS

(7) Washing Hands and Face
(Check ALL statements that apply)

4

✓ a. Washes hands with soap
✓ b. Washes face with soap
✓ c. Washes hands and face with water
✓ d. Dries hands and face
— None of the above

(8) Bathing (Check only ONE)

0

☐ 6 Prepares and completes bathing unaided
☐ 5 Washes and dries self completely without prompting or helping
☐ 4 Washes and dries self reasonably well with prompting
☐ 3 Washes and dries self with help
☐ 2 Attempts to soap and wash self
☐ 1 Cooperates when being washed and dried by others
☑ 0 Makes no attempt to wash or dry self

(9) Personal Hygiene
(Check ALL statements that apply)

0

— a. Has strong underarm odor
— b. Does not change underwear regularly by himself
— c. Skin is often dirty if not assisted
— d. Does not keep nails clean by himself
✓ None of the above

(10) Teeth Brushing (Check only ONE)

5

☑ 5 Applies toothpaste and brushes teeth with up and down motion
☐ 4 Applies toothpase and brushes teeth
☐ 3 Brushes teeth without help, but cannot apply toothpaste
☐ 2 Brushes teeth with supervision
☐ 1 Cooperates in having teeth brushed
☐ 0 Makes no attempt to brush teeth

Peabody Picture Vocabulary Test (PPVT)

What the Device Measures

The PPVT is designed to measure the verbal intelligence of individuals ages two through eighteen. The authors originally tried to design a short test to measure general intellectual functioning. Further research revealed that this was accomplished only within the normal or middle ranges of intelligence.

Standardization Information

A sample of 4,012 children and youth was used to develop the two forms of the test. Scores were correlated with the Binet standards.

Reliability Information

Scores have proved reasonably consistent even for retardates. However, it should be noted that scores are less stable with retarded individuals having MA's above eight years.

Administration

The PPVT can be administered by any professional without special training other than familiarization with the device and directions. The PPVT is administered by showing the subject a series of pages, each having four different pictures, with the instruction to "show me ___________."

Administration time is approximately fifteen minutes.

Results Obtained

The PPVT provides an IQ score of receptive language (PPVT IQ is not to be confused with Binet, Wechsler, or Slosson IQ's which measure general intelligence).

Interpretation of Results

The IQ scores are interpreted as follows:

Groupings	IQ
Very Rapid Learners	125 and above
Rapid Learners	110-124
Average Learners	90-109
Slow Learners	75-89
Very Slow Learners	74 and below

Additional Comments

With a young child, the PPVT IQ is usually lower than a Binet IQ, but is higher than a Wechsler IQ.

Researchers have had difficulty with this device in appropriately evaluating young retarded children and moderately or severely retarded adults. Since the test measures receptive language, individuals who have problems with the English language also are difficult to assess.

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Peabody Picture Vocabulary Test

by Lloyd M. Dunn, Ph.D.

FORM a

INDIVIDUAL TEST RECORD

NAME ______________ (last) ______________ (first) ______ (initial) SEX: M F (circle) GRADE ______ (or phone)

SCHOOL ______________ (or agency or address) TEACHER ______________ (or counselor or supervisor)

EXAMINER ______________ TIME ______ (min.) CODE ______________ (or race or descent)

AGE DATA

Date of testing ______ (year) ______ (month) ______ (day)

Date of birth . . ______ (year) ______ (month) ______ (day)

Age . . . . ______ (years) ______ (months)

TEST SCORES

Raw score (from page 3) . . . . ______

Intelligence quotient (I.Q.) . . . . . . ______

Percentile score (%ile) . . . . ______

Mental age (M.A.) . . . . ______

CONVERSION OF MONTHS TO NUMERALS FOR USE IN RECORDING AGE DATA

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
No. of Month:	1	2	3	4	5	6	7	8	9	10	11	12

OTHER TEST DATA

Names of tests	Date	CA	Score	Type of score
PPVT, Form B				

LANGUAGE BACKGROUND

Language of the home: ______________ (if other than standard English)

Quality of language:	☐ good for age	☐ fair for age	☐ poor for age
Quantity of speech:	☐ talkative	☐ average	☐ taciturn
Intelligibility of speech:	☐ good	☐ fair	☐ poor

REASON FOR TESTING ______________

____

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SCORE SHEET FORM
a

Suggested Starting Points (see manual page 8)

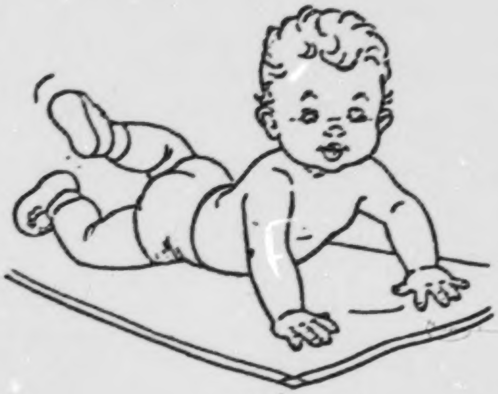
Age Category	Begin with:	Age Category	Begin with:
below 3-3	Plate No. 1	9-6 to 11-5	Plate No. 60
3-3 to 4-2	Plate No. 15	11-6 to 13-5	Plate No. 70
4-3 to 5-5	Plate No. 25	13-6 to 15-5	Plate No. 80
5-6 to 7-5	Plate No. 40	15-6 to 17-5	Plate No. 90
7-6 to 9-5	Plate No. 50	above 17-6	Plate No. 100

BASAL: 8 consecutive correct responses

CEILING: 6 errors in 8 consecutive responses

***TO RECORD ERRORS: Make oblique strokes through the geometric figures. Every eighth figure is ider**

Plate No.	Word	Key Resp.	Errors*	Plate No.	Word	Key Resp.	Errors*	Plate No.	Word	Key Resp.	Errors
1	car	(4)____	○	26	teacher	(2)____	♡	51	submarine	(4)____	□
2	cow	(3)____	□	27	building	(3)____	☆	52	thermos	(4)____	△
3	baby	(1)____	△	28	arrow	(3)____	◇	53	projector	(3)____	✙
4	girl	(2)____	✙	29	kangaroo	(2)____	○	54	group	(4)____	♡
5	ball	(1)____	♡	30	accident	(3)____	□	55	tackling	(3)____	☆
6	block	(3)____	☆	31	nest	(3)____	△	56	transportation	(1)____	◇
7	clown	(2)____	◇	32	caboose	(4)____	✙	57	counter	(1)____	○
8	key	(1)____	○	33	envelope	(1)____	♡	58	ceremony	(2)____	□
9	can	(4)____	□	34	picking	(2)____	☆	59	pod	(3)____	△
10	chicken	(2)____	△	35	badge	(1)____	◇	60	bronco	(4)____	✙
11	blowing	(4)____	✙	36	goggles	(3)____	○	61	directing	(3)____	♡
12	fan	(2)____	♡	37	peacock	(2)____	□	62	funnel	(4)____	☆
13	digging	(1)____	☆	38	queen	(3)____	△	63	delight	(2)____	◇
14	skirt	(1)____	◇	39	coach	(4)____	✙	64	lecturer	(3)____	○
15	catching	(4)____	○	40	whip	(1)____	♡	65	communication	(2)____	□
16	drum	(1)____	□	41	net	(4)____	☆	66	archer	(4)____	△
17	leaf	(3)____	△	42	freckle	(4)____	◇	67	stadium	(1)____	✙
18	tying	(4)____	✙	43	eagle	(3)____	○	68	excavate	(1)____	♡
19	fence	(1)____	♡	44	twist	(2)____	□	69	assaulting	(4)____	☆
20	bat	(2)____	☆	45	shining	(4)____	△	70	stunt	(1)____	◇
21	bee	(4)____	◇	46	dial	(2)____	✙	71	meringue	(1)____	○
22	bush	(3)____	○	47	yawning	(2)____	♡	72	appliance	(3)____	□
23	pouring	(1)____	□	48	tumble	(2)____	☆	73	chemist	(4)____	△
24	sewing	(1)____	△	49	signal	(1)____	◇	74	arctic	(3)____	✙
25	wiener	(4)____	✙	50	capsule	(1)____	○	75	destruction	(4)____	♡



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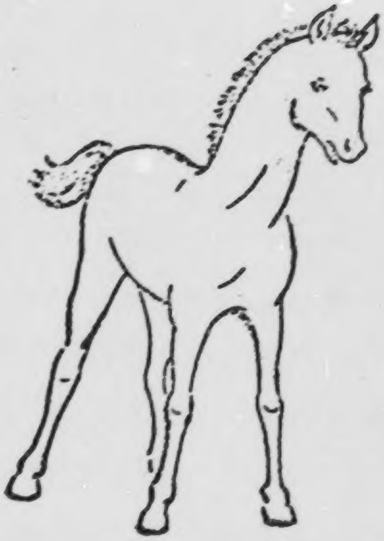

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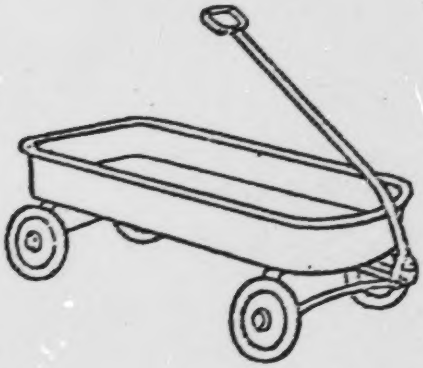

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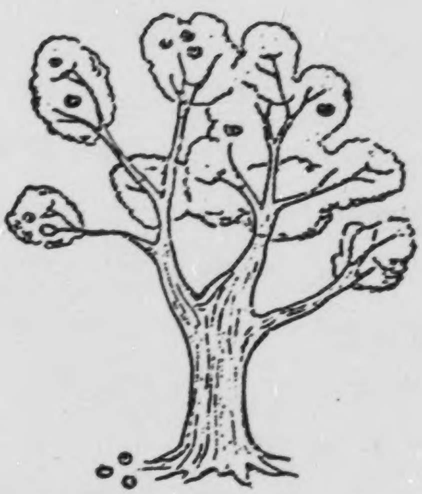

4

Instructions:

"Show me baby."

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The Vineland Social Maturity Scale (Vineland)

What the Device Measures

The Vineland can be used to measure social adaptability. Some examiners also are able to use the scale to measure the types of adaptive behavior described in the ABS.

Standardization Information

The Vineland was standardized on ten male and ten female subjects at each of thirty-one equal age intervals, extending from birth through age thirty. The subjects were all normal children and young adults living in Vineland, New Jersey, and the immediate surrounding township, an area with a total population of approximately 18,000.

Reliability Information

With respect to consistency of data, the device has high reliability scores, which range from .80 to .92.

Administration

Data may be obtained from the subject, from a third party such as a parent or neighbor, or from the examiner who may become the informant if very familiar with the subject. The Vineland is appropriate for use with the retarded.

Subject ages may range from six months through thirty years.

Skills in questioning are valuable in the data collection process. To gain accurate information, the examiner may have to formulate additional questions not found in the Vineland manual.

Administration time varies from fifteen minutes to more than an hour depending on the examiner and the informant.

Results Obtained

The device supplies a social age (SA) which is converted into a social quotient (SQ).

The 117 items, grouped by categories, measure self-help (general, eating, dressing), locomotion, occupation, communication, self-direction, and socialization.

Interpretation of Results

The rating of each category has been standardized on a normal population. Therefore, divergent ratings can be interpreted as variations from the average.

The normal or average SQ is between 95 and 105. Those individuals scoring lower than 95 may be experiencing gross problems. A look at the individual categories may yield clues to the source of difficulty. Thus, it is important to remember that information from each of the categories is more valuable than the total SQ.

Caution must be exercised when using assessment data obtained from an informant. If a score appears unduly high, it may mean the parent informant is denying the child's difficulty. Conversely, a very low score may result if the informant is expecting too much from the child. The expertise of the examiner is very important in minimizing this situation.

Additional Comments

The Vineland can be of considerable value in the initial stages of the prescriptive program. This is especially true, regardless of age, for young children and the mentally retarded.

Some researchers and experienced examiners have indicated that certain cultural and ethnic patterns may show up as a lower social quotient. In reality, these patterns may be normal for that particular group. The program development team should be aware of this factor.

Another point to remember is that SQ is not an estimate of IQ. In comparing these two scores, researchers have found that each score represents a different type of behavior.

By
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Consulting Psychologist
Bellingham, Washington, Public Schools
Formerly Director of Research
The Training School at Vineland, N. J.

A.38

Vineland Social Maturity Scale

NAME........................ Last .... First .... Sex............ Grade............ Date............ Year .... Month .... Day

Residence........................ School........................ Born............ Year .... Month .... Day

M.A............ I.Q............ Test Used............ When............ Age............ Years .... Months .... Days

Occupation........................ Class............ Years Exp............ Schooling............

Father's Occupation........................ Class............ Years Exp............ Schooling............

Mother's Occupation........................ Class............ Years Exp............ Schooling............

Informant........................ Relationship........................ Recorder............

Informant's est........................ Basal Score*............

Handicaps........................ Additional pts............

REMARKS: Total score............

Age equivalent............

Social quotient............

Age Periods

O - I

Category†	Score*	Items	LA Mean
C	....	1. "Crows"; laughs	.25
SHG	....	2. Balances head	.25
SHG	....	3. Grasps objects within reach	.30
S	....	4. Reaches for familiar persons	.30
SHG	....	5. Rolls over	.30
SHG	....	6. Reaches for nearby objects	.35
O	....	7. Occupies self unattended	.43
SHG	....	8. Sits unsupported	.45
SHG	....	9. Pulls self upright	.55
C	....	10. "Talks"; imitates sounds	.55
SHE	....	11. Drinks from cup or glass assisted	.55
L	....	12. Moves about on floor	.63
SHG	....	13. Grasps with thumb and finger	.65
S	....	14. Demands personal attention	.70
SHG	....	15. Stands alone	.85
SHE	....	16. Does not drool	.90
C	....	17. Follows simple instructions	.93

† Key to categorical arrangement of items:
S H G — Self-help general
S H D — Self-help dressing
S H E — Self-help eating
C — Communication
S D — Self-direction
S — Socialization
L — Locomotion
O — Occupation

* For method of scoring see "The Measurement of Social Competence."

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I - II

L	18.	Walks about room unattended	1.03
O	19.	Marks with pencil or crayon	1.10
SHE	20.	Masticates food	1.10
SHD	21.	Pulls off socks	1.13
O	22.	Transfers objects	1.20
SHG	23.	Overcomes simple obstacles	1.30
O	24.	Fetches or carries familiar objects	1.38
SHE	25.	Drinks from cup or glass unassisted	1.40
SHG	26.	Gives up baby carriage	1.43
S	27.	Plays with other children	1.50
SHE	28.	Eats with spoon	1.53
L	29.	Goes about house or yard	1.63
SHE	30.	Discriminates edible substances	1.65
C	31.	Uses names of familiar objects	1.70
L	32.	Walks upstairs unassisted	1.75
SHE	33.	Unwraps candy	1.85
C	34.	Talks in short sentences	1.95

II - III

SHG	35.	Asks to go to toilet	1.98
O	36.	Initiates own play activities	2.03
SHD	37.	Removes coat or dress	2.05
SHE	38.	Eats with fork	2.35
SHE	39.	Gets drink unassisted	2.43
SHD	40.	Dries own hands	2.60
SHG	41.	Avoids simple hazards	2.85
SHD	42.	Puts on coat or dress unassisted	2.85
O	43.	Cuts with scissors	2.88
C	44.	Relates experiences	3.15

III - IV

L	45.	Walks downstairs one step per tread	3.23
S	46.	Plays cooperatively at kindergarten level	3.28
SHD	47.	Buttons coat or dress	3.35
O	48.	Helps at little household tasks	3.55
S	49.	"Performs" for others	3.75
SHD	50.	Washes hands unaided	3.83

IV - V

SHG	51.	Cares for self at toilet	3.83
SHD	52.	Washes face unassisted	4.65
L	53.	Goes about neighborhood unattended	4.70
SHD	54.	Dresses self except tying	4.80
O	55.	Uses pencil or crayon for drawing	5.13
S	56.	Plays competitive exercise games	5.13

Denver Developmental Screening Test (DDST)

What the Device Measures

The DDST was designed as a screening device to detect evidence of slow or delayed development in infants and preschool children through age six. It can be used with retarded individuals older than six, but only in an informal manner to determine specific areas of weakness.

Standardization Information

The DDST was standardized on 1,036 normal children between the ages of two weeks and 6.4 years.

The battery of items is consistent with the developmental patterns found by Gesell and Amatruda at the Yale Clinic of Child Development.

Reliability Information

On the only test-retest study reported, agreement was 95.8 on all items. However, the same examiner did both tests. Different examiners probably would be in agreement when testing the same subjects but at a lesser level.

Administration

The DDST data can be gathered both by direct observation and through informants, usually the parents. The administrator need not be an expert in child development but should be knowledgeable about the test items and experienced in motivating a young child to perform the activities.

Administration time is approximately twenty to thirty minutes.

Results Obtained

The device measures four areas of behavior: gross motor, fine motor-adaptive, language, and personal-social.

The DDST does not have a total score but uses the chronological age of the child to determine developmental weaknesses in the different areas.

Interpretation of Results

The examiner's manual provides very clear directions to be used for evaluation. Usually, weakness in two or more areas suggests a general developmental delay.

Additional Comments

Several researchers have used specific items of the DDST to determine a child's weakness in a particular developmental area. Caution should be exercised in doing so since the test items are only samples of a large group of behaviors at a specific age level. Additionally, the test is a screening device. Therefore, results must be verified by other devices.

Some teachers have used the DDST to determine developmental weaknesses in retarded individuals older than six years by substituting mental age for chronological age. Still others determine the developmental age of the child by using the cutoff criteria in the manual and then verifying the data through planned instructional activities which are in keeping with DDST tasks. These are two ways the test has been used informally.

It is important to remember that the DDST is only a screening device. Individual test items should not be used as a curriculum nor should conclusions about a child's intellectual functioning be made from test results. Any such departures from the purpose of the test are highly questionable.

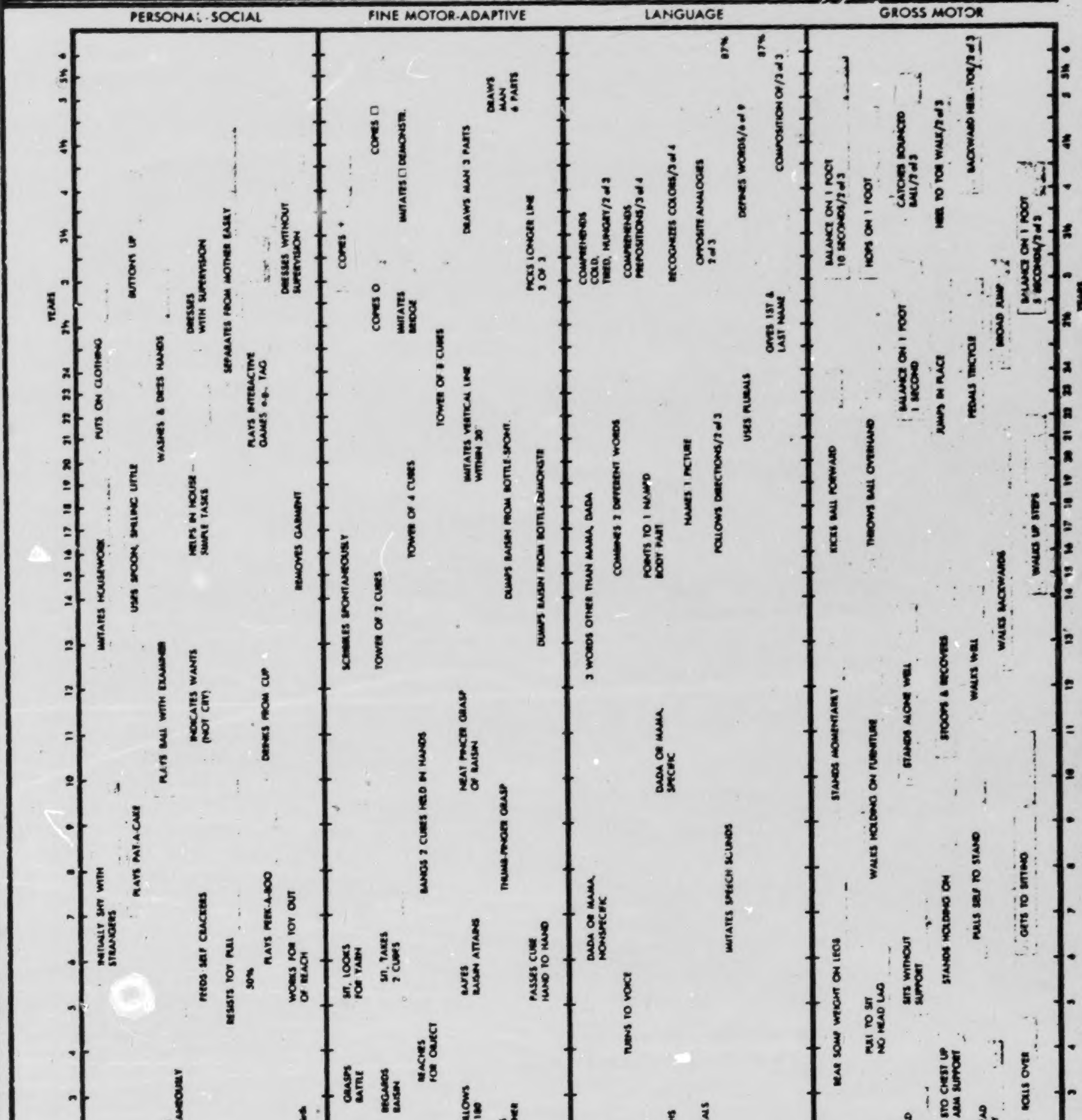
DENVER DEVELOPMENTAL SCREENING TEST

STO. = STOMACH
SIT = SITTING

PERCENT OF CHILDREN PASSING 25 50 75 90
May pass by report
Footnote No. see back of form
Test Item

Date
Name BEST COPY AVAILABLE
Birthdate
Hosp. No.

A.42



Samples from the Denver Developmental Screening Test, developed by Frankenburg & Dodds, have
b… …uced by permissi… …Colorado

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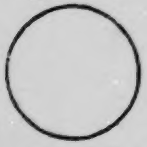
A.43

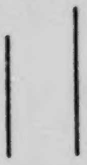
DIRECTIONS

DATE
NAME
BIRTHDATE
HOSP. NO.

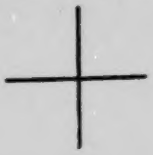
1. Try to get child to smile by smiling, talking or waving to him. Do not touch him.
2. When child is playing with toy, pull it away from him. Pass if he resists.
3. Child does not have to be able to tie shoes or button in the back.
4. Move yarn slowly in an arc from one side to the other, about 6" above child's face. Pass if eyes follow 90° to midline. (Past midline; 180°)
5. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
6. Pass if child continues to look where yarn disappeared or tries to see where it went. Yarn should be dropped quickly from sight from tester's hand without arm movement.
7. Pass if child picks up raisin with any part of thumb and a finger.
8. Pass if child picks up raisin with the ends of thumb and index finger using an over hand approach.



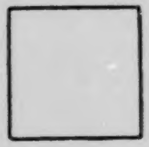
9. Pass any enclosed form. Fail continuous round motions.



10. Which line is longer? (Not bigger.) Turn paper upside down and repeat. (3/3 or 5/6)



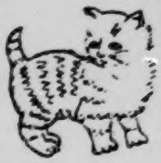
11. Pass any crossing lines.

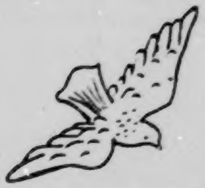


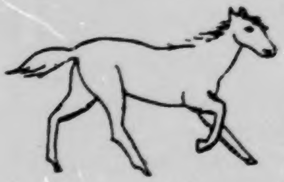
12. Have child copy first. If failed, demonstrate

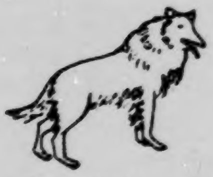
When giving items 9, 11 and 12, do not name the forms. Do not demonstrate 9 and 11.

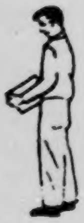
13. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
14. Point to picture and have child name it. (No credit is given for sounds only.)

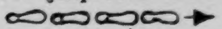
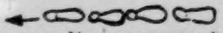










15. Tell child to: Give block to Mommie; put block on table; put block on floor. Pass 2 of 3. (Do not help child by pointing, moving head or eyes.)
16. Ask child: What do you do when you are cold? ..hungry? ..tired? Pass 2 of 3.
17. Tell child to: Put block on table; under table; in front of chair, behind chair. Pass 3 of 4. (Do not help child by pointing, moving head or eyes.)
18. Ask child: If fire is hot, ice is ?; Mother is a woman, Dad is a ?; a horse is big, a mouse is ?. Pass 2 of 3.
19. Ask child: What is a ball? ..lake? ..desk? ..house? ..banana? ..curtain? ..ceiling? ..hedge? ..pavement? Pass if defined in terms of use, shape, what it is made of or general category (such as banana is fruit, not just yellow). Pass 6 of 9.
20. Ask child: What is a spoon made of? ..a shoe made of? ..a door made of? (No other objects may be substituted.) Pass 3 of 3.
21. When placed on stomach, child lifts chest off table with support of forearms and/or hands.
22. When child is on back, grasp his hands and pull him to sitting. Pass if head does not hang back.
23. Child may use wall or rail only, not person. May not crawl.
24. Child must throw ball overhand 3 feet to within arm's reach of tester.
25. Child must perform standing broad jump over width of test sheet. (8-1/2 inches)
26. Tell child to walk forward.  heel within 1 inch of toe. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.
27. Bounce ball to child who should stand 3 feet away from tester. Child must catch ball with hands, not arms, 2 out of 3 trials.
28. Tell child to walk backward,  toe within 1 inch of heel. Tester may demonstrate. Child must walk 4 consecutive steps, 2 out of 3 trials.

DATE AND BEHAVIORAL OBSERVATIONS (how child feels at time of test, relation to tester, attention span, verbal behavior, self-confidence, etc,):

157. 10-70 Distributed as a service by Mead Johnson Laboratories

Illinois Test of Psycholinguistic Abilities (ITPA)

What the Device Measures

The ITPA measures: the degree to which habits of communication have developed within a child; the channels of communication (auditory-vocal, auditory-motor, visual-motor, visual-vocal); and the process of acquiring and using language.

Standardization Information

The current test edition was standardized on a sample of 700 children between the ages of two and one-half and nine years.

Reliability Information

Comparisons of individual subtest scores in test-retest studies suggest a low reliability rating. However, total test scores have shown a fair degree of reliability in test-retest studies. Evaluation teams should note this type of data.

Administration

The scoring procedure and the difficulty in presentation of certain subtests require an experienced examiner. The test is given in a one-to-one situation with the examiner sitting across a table from the child.

Administration time varies from forty-five minutes to over one and one-half hours. The test may be given in more than one session if the examiner feels the subject is fatigued or is losing concentration.

Results Obtained

The ITPA provides individual scores on twelve subtests as well as a total score. Each subtest score is converted into a scaled score with an average of 36. The subtest scores then are combined to form a total scaled score (SS) with a like average of 36. These scaled scores can be converted into age scores. The composite age score is called the Psycholinguistic

Age (PLA).

Interpretation of Results

A total picture of the child's strengths and weaknesses is provided by a test profile. For diagnostic and remedial purposes, the scaled scores should be used on the profile.

The total test performance is considered in determining significant discrepancies. Overall performance is expressed as a median scaled score (SS) or a mean scaled score (SS). For children whose scores are all either extremely high or extremely low, the median SS should be used. Otherwise, the mean SS is appropriate.

Next, each subtest SS is compared with the median or mean SS. Differences between the subtest SS and the median or mean SS of 7, 8, or 9 points in either direction are borderline discrepancies. Differences of 10 points or more are considered significant.

Additional Comments

The ITPA is designed to gain information about a child's language processes. Several of the subtests do not require the use of verbal communication. Thus, the test becomes a valuable tool in developing data about a verbally handicapped child.

A comparative score has been devised for retarded individuals using the subject's mental age instead of the chronological age. There appears to be some merit in the use of this procedure if the individual is mildly retarded and over ten years of age. However, this method is not recommended for use with moderately and severely retarded individuals.

The subtests are described as follows:

Visual Reception: The ability to form concepts and to gain meaning from visually presented material (such as comprehension of pictures and written words).

Test Example: "See this." (A picture of an electric fan.) "Find one here." (A group of four pictures: 1) toy windmill, 2) folding fan, 3) wind blown tree, and 4) large fan-like leaf.)

Auditory Reception: The ability to comprehend the spoken work (receptive understanding of the spoken language).

Test Example: Yes-No questions:

1) Do dogs eat? 2) Do musicians vocalize?

Verbal Expression: Ability to express one's ideas in spoken words.

Test Example: After being shown five objects (nail, ball, block, envelope, and button), the student is asked to describe verbally each of the objects. "Tell me all about this."

Auditory Association: The ability to relate concepts presented verbally.

Test Example: Cotton is soft; stones are _________. (heavy)

Grammatic Closure: Ability to speak grammatically.

Test Example: Examiner says to student, "Here is a dress." Examiner says to student, "Here are two _________." (dresses)

Manual Expression: Ability to express one's ideas through movement and gesture.

Test Example: When shown a picture of an object, such as a hammer, the student is asked to demonstrate its use.

Visual Association: Ability to relate meaningful visual symbols and comprehend relationships.

Test Example: Pointing to a central picture (a bone), the examiner says, "What goes with this?" The student chooses one of four surrounding pictures: a pipe, a rattle, a pencil, and a dog.

Auditory Sequential Memory: Ability to repeat a sequence of materials previously heard.

Test Example: At a rate of two per second, the examiner reads aloud the digits 5 - 2 - 4 - 9 - 3 - 6. The student is expected to repeat the numbers in the exact order the examiner reads them.

Visual Sequential Memory: Ability to reproduce (from memory) sequences of visually received stimuli.

Test Example: Using white plastic chips with black geometric designs, the student is required to reproduce from memory a sequence of chips shown to him for five seconds. The test probes: "Can he see and remember?"

Visual Closure: Ability to draw inferences from only partially exposed visual cues.

Test Example: Hidden fish, shoes, bottles, hammers, and saws must be found by the student in pictures which he is shown.

Auditory Closure: Ability to recognize and reproduce a word by "filling in" the missing parts which were omitted or distorted during presentation.

Test Example: Teh examiner asks the student, "What am I talking about"? AUTO-O-ILE. The correct response from the student is automobile.

Sound Blending: Ability to blend two or more discrete and isolated sounds into a whole.

Test Example: The child is asked to recognize SH-OE as shoe, L-I-TT-LE as little, and various nonsense words presented in the same manner.

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BASAL: 3 CONSECUTIVE SUCCESSES
CEILING: 2 CONSECUTIVE FAILURES

VISUAL SEQUENTIAL MEMORY

SCORE

	1st	2nd		1st	2nd		1st	2nd		1st	2nd		1st	2nd		1st	2nd
•DEMONSTRATION I			•DEMONSTRATION II			7.	−	+	•12.	+		•17.			•22.		
1.	+		4.	−	+	•8.	+		13.			18.			23.		
•2.	+		•5.	−	−	9.	−	+	14.			19.			24.		
3.	−	+	6.	−	+	10.	−	+	15.			20.			25.		
						11.	−	+	16.			21.					

BASAL: 3 CONSECUTIVE SUCCESSES
CEILING: 3 CONSECUTIVE FAILURES

AUDITORY ASSOCIATION

SCORE

DEMONSTRATION I
a. ____
b. ____

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. ____

DEMONSTRATION II
a. ____

11. ____
12. ____
13. ____
14. ____
15. ____
16. ____
17. ____
18. ____
19. ____
20. ____
21. ____
22. ____
23. ____
24. ____
25. ____
26. ____
27. ____
28. ____
29. ____
30. ____
31. ____
32. ____
33. ____
34. ____
35. ____
36. ____
37. ____
38. ____
39. ____
40. ____
41. ____
42. ____

Samples of Illinois Test of Psycholinquistic Abilities, developed by Kirk, S.A., McCarthy, J.P., and Kirk, W.O., printed by permission of University of Illinois Press.

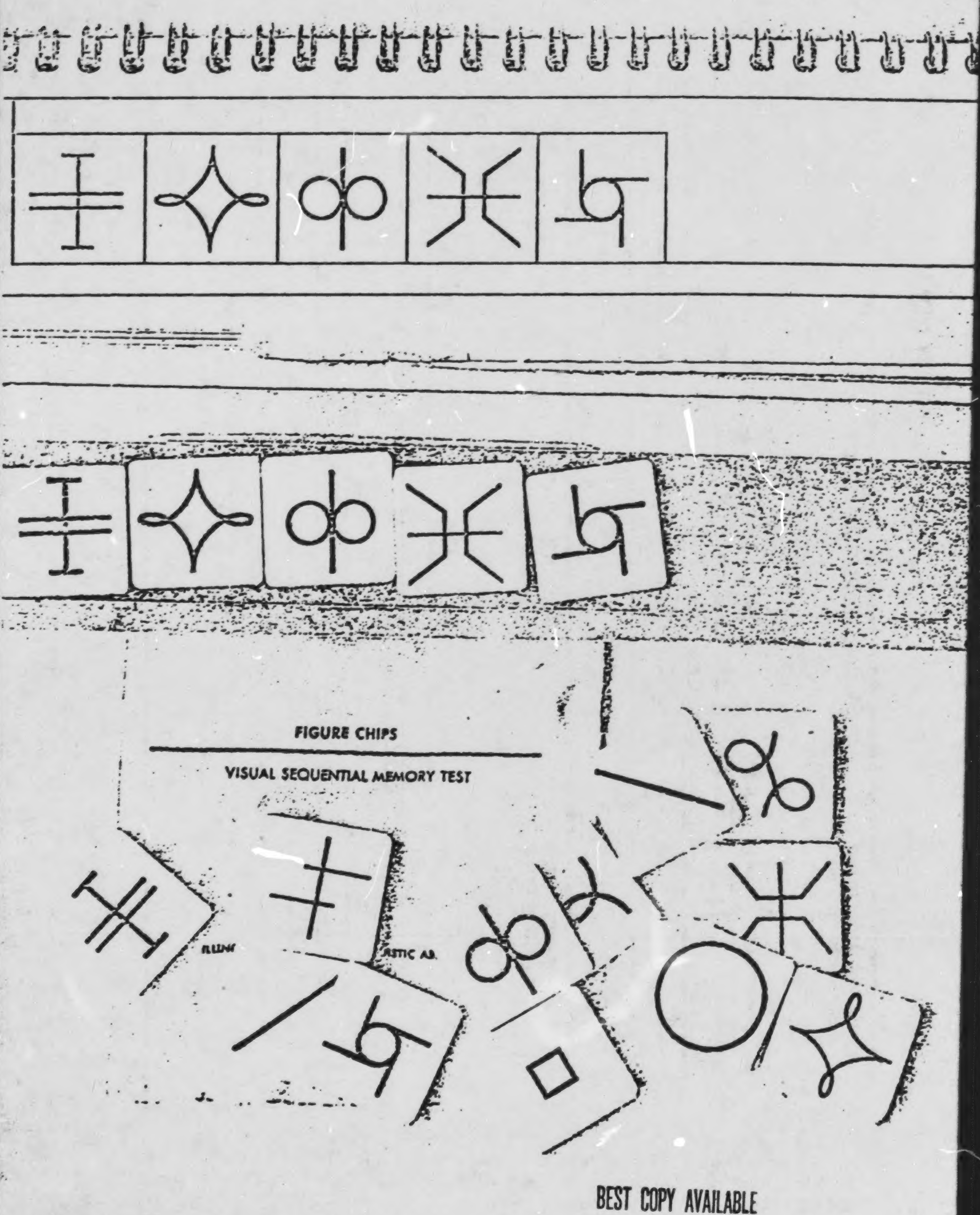
FIGURE CHIPS
VISUAL SEQUENTIAL MEMORY TEST
ILLINC
ASTIC AB.

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SUPPLEMENT B

CASE STUDY MANUAL

FOREWORD

After initial development of content and format of a case study plan by the Division of Mental Retardation, it was successfully field tested and revised at the Weld County Community Center Foundation, Incorporated, with the assistance of John Wooster, Ph.D.

This manual is the result of that revision and is intended to be used by all community center agencies in the updating of case files and as source documents for recording information.

STATE OF COLORADO
DEPARTMENT OF INSTITUTIONS
Division of Mental Retardation
306 State Services Building
Denver, Colorado 80203

CASE STUDY MANUAL:

COMMUNITY CENTERED PROGRAMS FOR MENTALLY RETARDED AND SERIOUSLY HANDICAPPED PERSONS

Developed and Prepared by:

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August, 1972

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CASE RECORDING

As is the case with most agencies which provide educational and social services, there is a minimum amount of case recording which must be done by Community Centers and purchase of service agencies. Although the maintainence of records is a secondary part of the overall program of the centers, adequate records are needed for a number of reasons.

The objectives for maintaining good case records are: (1) to facilitate planning and prescription, (2) to provide continuity of services from year to year and between cooperating agencies, (3) protection of the agency and its staff, (4) accountability, and (5) research.

General Suggestions

Case records must be kept on each individual who is receiving services from the Community Center. The records should be uniformly arranged so that any authorized person needing to get information on an enrollee will be able to find it without a great deal of trouble. Cases for which Title 45 funds are received should be marked in red on the outside of the folder, so that the auditors will know which cases they are to review.

To keep paper work to a minimum, it is essential that forms be completely and properly filled out the first time for new applicants and current enrollees. For this reason, it is suggested that one individual be assigned as an intake person and be responsible for making sure that the case records are in order. For centers that have a Social Worker, this task would appropriately fall to them. In other centers, the responsibility might be assigned to a head teacher, director, or to the coordinator.

Although the files in the centers are confidential, information from case records can, with proper releases, be shared with other agencies. Likewise, case information should serve as a basis for planning and staffing within the agency. For these reasons, accuracy and completeness are of extreme importance.

The forms contained in this manual have been designed to conform with the standards of case recording which are required by Federal and State governments. The lack of certain information, or inconsistency and inaccuracy in information in a case record can result in a Federal or State exception. When this occurs, all Federal or State funds used in providing services to that enrollee can be withdrawn, thereby resulting in considerable loss of funds to the agency.

There is no requirement that the individual center adopt these forms in their entirety, or even in part. It is required that all information included in the forms be a part of each record and that they be orderly, accurate, and usable. Forms or methods of recording for additional information suited to the unique circumstances of a center are entirely appropriate.

So that records do not become cluttered with outdated information, it is suggested that auxiliary files be maintained so that periodic purging may be done .

Types of Information Required

Different types of information are needed at different stages in the relationship between the enrollee and the agency. In addition, some information must be updated at periodic intervals. The following is a list of the types of information needed, the times when they are required, and the times at which they must be updated.

At the Time of Application

Application	Update as needed
Medical History and Examination	Update annually
Social Case Summary	Update annually
Psychological Evaluation	Update each three years
Statement of Responsibility	
Releases to Obtain Information	As needed
Photograph (optional at time of admission)	Update annually

Upon Entry into Program

Admissions and Evaluation Committee Action Report	As needed

While in Program

Education Evaluation Summary	Update annually
Staffing and Case Conference Report	Update twice per year
Parent-Teacher Conference Report	Update twice per year
Enrollment History	Update annually
Cumulative Incident Report	As needed

At Termination

Termination and Referral Form

Other (may include)

Welfare 106 Form	As needed
Special Medical Examinations	Annually, or as needed
Therapists' Reports	As needed
Special releases	As needed
Special authorizations	As needed

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Organization of Case Folder

The folder should be divided by tabbed spacers to allow for efficient scanning. The five sections are recommended as minimal, but additional sections may be added as necessary. Photographs may be stapled to inside cover of folder.

SECTION 1: GENERAL INFORMATION

- Application
- Admissions and Evaluation Committee Action Report
- Statement of Responsibility
- Special releases and authorizations

SECTION 2: MEDICAL INFORMATION

- Initial Medical History
- Annual Physical Examination
- Specific medical evaluations such as eye and ear examinations and recommendations.
- Cumulative Incident Report

SECTION 3: PSYCHOLOGICAL INFORMATION

- Initial Psychological
- Additional psychological information

SECTION 4: SOCIAL INFORMATION

- Social History and Yearly Summaries
- Welfare Forms

SECTION 5: EDUCATIONAL - VOCATIONAL INFORMATION (May be separated into two sections)

- Education and Training Evaluation
- Additional education information from Teacher and Therapists
- Staffing and Case Conference Report
- Parent - Teacher Conference Report
- Enrollment History

Discussion of Specific Forms

The following section contains a short discussion of each of the forms mentioned above, as well as a sample of each form which has either been filled out or written in such a way as to indicate how it should be used.

The ways in which these forms are filled out are not the only correct ones. It is not the intention of this section to set up a rigid set of criteria so that every case record in each center program looks exactly the same. Rather, it is hoped that the individual center will use the sample as guidelines for recording information.

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SUMMARY OF INFORMATION CHECKSHEET:

Purpose: This form serves as an index of information contained in the student file folder and serves as an aid for updating and obtaining missing information.

Format: The form is printed and an entry is made as information is placed in the case record.

Comments: This page can be stapled or otherwise attached to the inside cover of the folder or placed so that it is in a conspicuous place.

SUMMARY OF INFORMATION CHECKSHEET

NAME: JONES, JOHN A.

		Check Appropriate boxes	Latest Date (Month, year)				
1.	Application	☒	7/71				
2.	Medical History	☒	7/71				
3.	Current Medical Exam	☒	7/71				
4.	Psychological	☒	7/71				
5.	Social Case Summary	☒	7/71				
6.	Statement of Responsibility	☒	7/71				
	1. X 2. X 3. X 4. X						
7.	Releases to Obtain Information	☒	7/71				
8.	Admissions and Evaluation Committee Action Report	☒	7/71				
9.	Education Evaluation Summary	☐	7/71	5/72			
10.	Staffing and Case Conference Report	☒	8/71				
11.	Parent-Teacher Conference Report	☒	10/71	5/72			
12.	Photograph	☐					
13.	Enrollment History	☒	5/72				
14.	Other Information (Specify)						
	Welfare Form 106	☒					
	Termination Form		5/72				

CS-1

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APPLICATION:

Purpose: The purpose of the application is to present a formal request by parents or guardians for consideration of program for their child. It also serves the purpose of gathering identifying information about the applicant, his family, and his background.

Format: The form is printed, and the appropriate information entered by the intake person. This form is usually completed at the initial interview,

Comment: Because this form is used to gather information, it is often referred to. For this reason, a section is provided in the upper corner for the inclusion of information which pertains to funding. Since this form is referred to frequently, it is essential that it be filled out completely and accurately.

B.8

FOR CENTER USE ONLY

Regular X
Placement
Title 45 X
H.H. No. 01-03143-05
S.S. No. Requested
P.A. Type AND - ADC

APPLICATION

I. IDENTIFYING INFORMATION:

Name: JONES, JOHN A. Sex: M

Current address: 123 MAIN SPACE 106 (Street or P.O. Box) ANYTOWN (City) BELT (County) 8000 (Zip Code)

Birthdate: 6-13-64 Phone: 214-6001

Referred by: DEPT. OF PUBLIC WELFARE

CURRENT LIVING ARRANGEMENT:

Parents	Foster Home	Group Home	Nursing Home	Own Home	Other (specify)
✓					

II. PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: SAM JONES Relationship: FATHER
Home Phone: 214-6001 Address: 123 MAIN SP. 106 Bus. Phone: NONE

- -

Name: AMELIA JONES Relationship: SISTER
Home Phone: 214-0031 Address: 415 1st AVE Bus. Phone: 214-6041

- -

Physician: IRVING JOHNSON MD Address: 402 MEDICAL ARTS BLDG
Phone: 214-1112
Hospital preference: ANYTOWN GENERAL Phone: 214-1414
Address: 324 SHADY ST.

III. OTHER PERSONS OR AGENCIES INVOLVED:

Name	Agency/Relationship	Address	Phone
TOM SMITH	BELT COUNTY WELFARE	204 COURTHOUSE	214-1604

CS-2

IV. FAMILY INFORMATION:

Father: SAM JONES Address: 123 MAIN SPACE 106

Birthdate: 4-1-24 Occupation NONE, FORMERLY CONSTRUCTION

- -

Mother: DORIS JONES Address: 123 MAIN SPACE 106

Birthdate: 6-19-28 Occupation: HOUSEWIFE

- -

LIVING SIBLINGS (In order of birth)

Name	Birthdate	Current Job or School	At Home	
			Yes	No
AMELIA	6-29-50	SECRETARY		✓
RALPH	3-14-54	STUDENT	✓	
HENRY	1-21-56	"	✓	
SAMANTHA	9-14-58	"	✓	

OTHERS LIVING IN THE HOME:

Name	Relationship	Date of Birth
NONE		

V. APPLICANT EDUCATION AND TRAINING HISTORY:
List all schools, training programs, institutions, or specific therapy programs attended by applicant.

Center or Agency	Address	Dates Attended	
		From	To
NONE			

VI. Has the applicant ever had a developmental evaluation and/or separate psychological testing? NO

Agency: ____________ Address: ____________ Date: ________

Agency: ____________ Address: ____________ Date: ________

VII. OTHER INFORMATION THAT MAY BE HELPFUL IN UNDERSTANDING THE NEEDS OF THE APPLICANT:

7-1-71
Current Date

Doris Jones — Mother
Signature of Parent or Guardian — Relationship

Sam Jones — Father
Signature of Parent or Guardian — Relationship

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MEDICAL HISTORY:

Purpose: A complete medical history is extremely important in the development of an individual prescriptive plan. The medical history can provide an understanding of the etiology of the handicap, indication of physical limitations, and recommendations for additional medical care and treatment.

Format: Such standard forms may be used as the Colorado Division of Mental Retardation "Medical Case History Report CS3," or the Colorado Department of Social Services, "Medical Report: Med 9", for the initial exam. If such forms are not available or appropriate, the printed form shown in this manual should be used.

Comments: The medical history may be handed to the parents or guardians at the time of the intake interview.

MEDICAL HISTORY

NAME JOHN A. JONES	SEX M	BIRTHDATE 6-13-64

PARENTS OR GUARDIANS MR + MRS SAM JONES	ADDRESS 123 MAIN, SPACE 106	PHONE 214-6001
DOCTOR AND HOSPITAL DR. IRVING JOHNSON ANYTOWN GENERAL		PHONES 214-1112 214-1414

DENTIST NONE	PHONE —	REFERRING AGNECY OR PERSON WELFARE DEPT	PHONE 214-1604

FAMILY HISTORY:

Has any family member had any of the following medical problems?

	YES	NO		YES	NO		YES	NO
SEIZURES		✓	TUBERCULOSIS		✓	ECZEMA		✓
MENTAL RETARDATION		✓	CARDIAC PROBLEMS		✓	SCARLET FEVER		✓
BIRTH DEFECTS		✓	ALLERGIES		✓			
PSYCHIATRIC PROBLEMS		✓	MISCARRIAGES		✓			
THYROID PROBLEMS		✓	CANCER		✓			
DIZZINESS		✓	ASTHMA		✓			
DEAFNESS		✓	HAYFEVER		✓			

If answer is yes to any above - please explain relationsip to patient:

A. PREGNANCY AND DELIVERY

1. DOCTOR AND HOSPITAL

DR. RALPH ENGLISH ST. THOMAS CLEVELAND, OHIO

2. COMPLICATIONS NONE	LENGTH OF GESTATION FULL TERM

3. MEDICATIONS DURING PREGNANCY

NONE

4. APGAR SCORING AT BIRTH AND NURSERY COURSE

NOT ADMINISTERED

B. DEVELOPMENT (Give age in months)

ACTIVITY	AGE		AGE
SMILED RESPONSIVELY	3 mo	SAID ANOTHER WORD	3½ yr
HELD BOTTLE ALONE	6 mo	FED SELF WITH CUP	NO
SAT ALONE	8 mo	FED SELF WITH SPOON	NO
TOILET TRAINED	5 yrs		
DRY ALL NIGHT	5 yrs	DRESSED (PLUS BUTTONING)	NO
WALKED WITH SUPPORT	14 mo		
WALKED ALONE	2 yrs	PUT ON AND TIED SHOES	NO
SAID MAMA OR DADA	3 yrs		

C. ILLNESSES

CHICKEN POX	
MEASLES	
MUMPS	
MENINGITIS	
SCARLET FEVER	
GERMAN MEASLES	
ENCEPHALITIS	
POLIO	
FUO (1)	
FTI (2)	
COMPLICATIONS	

(1) Fever of undetermined origin

(2) Failure to thrive

CS-3

D. HAS PATIENT HAD

	YES	NO	DATES		YES	NO	DATES
FREQ. UPPER RESPIRATORY INFECTIONS	✓			FRACTURES		✓	
				GENITOURINARY INFECTIONS		✓	
OTITIS MEDIA		✓		HEAD INJ. RESULTING IN UNCONSCIOUSNESS		✓	
SEIZURES		✓					
PNEUMONIA		✓		HEARING PROBLEMS		✓	
CHRONIC COUGH	✓			VISUAL PROBLEMS	✓		BIRTH
CONSTIPATION		✓		SPEECH PROBLEMS	✓		
OTHER INTERNAL PROBLEMS		✓		ALLERGIES, INCL. DRUG REACTIONS		✓	

BRIEFLY DESCRIBE ALL PERTINENT ILLNESSES NAMED ABOVE:

FREQUENT COLDS

E. IMMUNIZATIONS

	DATES		DATES
DPT SERIES	1966	SMALLPOX	NO
DPT BOOSTERS	1966	MEASLES VACCINE	NO
ORAL POLIO SERIES	1967	MUMPS VACCINE	NO
ORAL POLIO BOOSTER	—	TUBERCULIN SKIN TEST	NO
		RUBELLA VACCINE	

DESCRIBE REACTIONS TO THESE MEDICATIONS

NONE

F. HOSPITALIZATIONS

REASON	DOCTOR	HOSPITAL	CITY	DATES
NONE				

G. HABITS (Describe)

APPETITE: GOOD

SLEEP: GOOD

BEHAVIOR: PAMPERED, PASSIVE

TOILET HABITS: TRAINED

OTHER HABITS OR SIGNIFICANT BEHAVIOR PATTERNS (nail biting, temper tantrums, bed wetting, tires easily, etc.)

GENERALLY GOOD NATURED

H. TEST RESULTS

TEST	RESULTS	DATE	TEST	RESULTS	DATE
NONE					

I. PRESENT MEDICATIONS

MEDICATION	DOSAGE	MEDICATION	DOSAGE
NONE			

J. PERMISSABLE ACTIVITY

☑ UNRESTRICTED ☐ RESTRICTED (Specify) ____________

☑ CHILD MAY SWIM ADDITIONAL COMMENTS ____________

K. CURRENT PHYSICAL EXAMINATION (See Enclosed)

SOURCES OF INFORMATION: PARENTS

COMPILED BY: Hedda Carmichael

DATE COMPILED: 7-1-71

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ANNUAL PHYSICAL EXAM:

Purpose: The Annual Physical Exam gives current medical status, limitations, and further recommendations.

Format: The Form is printed and is to be completed by a physician at the time an update is indicated.

Comments: The Annual Exam Form may be handed to the parent or guardian when the update is needed.

Additional medical information such as dental and visual examinations by specialists should be included within the same file section.

ANNUAL PHYSICAL EXAMINATION
(Use back of page to expand remarks)

Child's Name JOHN JANES Birthdate 6/13/64 Sex M

1. General Appearance (nutrition, deformities, behavior, etc.)

Height 38"
Weight 70 lbs

2. Head (shape, percussion, auscultation, defects, etc.)
SYMMETRICAL

Circumference 16"

3. Eyes

Iris ______ Axis ______ Vision OD 20/80
Fundi ______ Media ______ OS 20/80
Other MILD STRABISMUS, PUFFY, BRUSHFIELD SPOTS

4. Ears

Appearance of Drums NORMAL Hearing Normal: Right —
Left —

Nose, Mouth, Throat (record abnormalities including those of teeth, tongue, palate) TYPICAL DOWNS SYNDROME

5. Neck (record abnormalities in mobility, thyroid gland, lymph glands, etc.)
NORMAL

6. Chest (note abnormalities and impaired ventilation)
NORMAL

7. Cardiovascular (note all significant abnormalities) Heart Rate 70 /min.
HARSH SYSTOLIC MURMUR BP 120/80 Femoral Pulse 7

8. Abdomen (hernias, palpable organs, masses, etc.)
SOFT - NO HERNIA NO MASSES

9. Genetalia NORMAL

10. Skin NORMAL

11. Muscular-skeletal

Strength BELOW NORMAL Posture POOR
Tone SUBNORMAL Gait SHUFFLES FEET
Bulk NORMAL

12. Neurological

Cranial Nerves NORMAL
Tendon reflexes WEAK
Sensation NORMAL
Coordination FAIR

Orientation POOR
Activity SLOW MOVING
Speech LITTLE SPEECH
Bladder, Bowel control GOOD

13. Lab

Hematrocrit or Hemoglobin NEG
Urinalysis NEG

14. Impression (include etiology of MR if known)
DOWNS SYNDROME

15. Limitations:
NONE

16. Current Medications:

Medication	Dosage	Medication	Dosage
NONE			

17. Other diagnostic procedures recommended:

18. Other physicians involved: NONE

7/8/71
Date

Ralph
Signature

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SOCIAL CASE SUMMARY:

Purpose: The purpose of this information is to provide an account of the pertinent social factors which affect the functioning of the enrollee at home, in school, and in the community.

Format: The form used is left to the judgment of the individual who is preparing the summary. The heading on the form should contain information as indicated on the sample provided.

Comments: The summary should include, but not limit itself to the following information:

Informants and relationship to client.
Atmosphere of interview situation(s).
Pertinent family information and interrelationships between family members.
Parent reaction toward mental retardation and to their own retarded child.
Financial information as it may relate to public assistance.
Evaluation of parent ability to understand community center activities, and to provide assistance for continuity of community center programming.
Recommendations for additional family assistance either by the community center or other related agencies.
Any other information deemed necessary in such areas as education and work experience.

SOCIAL SUMMARY

BEST COPY AVAILABLE

NAME: John Jones
ADDRESS: 123 Main, Space 106
Anytown, Colorado 8000
PARENTS: Mr. and Mrs. Sam Jones

A visit was made with Mr. and Mrs. Jones and John in their home 7-1-71. Mr. and Mrs. Jones were friendly but cautious about a program for John. They recently moved to Anytown from Ohio and were not aware that community centers for the TMR existed. In the past, professionals had recommended institutionalization. They felt that that would be a form of abandonment.

The Jonses had been dismayed at John's slow development and unintelligible speech but expected him to "snap out of it." When they tried to enroll him in kindergarten and were told he couldn't learn, they decided they should keep him at home and make life as easy and pleasant for him as possible. Mrs. Jones hurried to say that he is no behavior problem and that the entire family loves him.

Mr. Jones had always taken pride in working hard and earning a good living for his family. The Jonses moved often because he followed construction jobs. An auto accident several months ago caused a back injury that prevents him from returning to construction work. It was difficult for him to apply for public assistance but it was the only immediate way to provide for his family. He is encouraged that the Welfare caseworker is referring him to Vocational Rehabilitation. He has a H.S. diploma and would like training in TV and stereo repair.

Mrs. Jones appears very supportive of her husband. Their trailer house is very attractively decorated and well kept. She also has a H.S. diploma but has never worked. Mrs. Jones shies away from social contacts in the community. She says John needs her at home with him all the time. She rarely takes him out of the house because she's afraid he'll catch cold and that people will stare at him.

Amelia, the oldest daughter, who also lives in Anytown, does most of the family shopping.

John sits much of the time and exhibits little self-directed play activity. The Jonses have no problem with his appetite. He has few distinguishable words and makes his wishes known by gestures and indicative sounds. John is fully ambulatory, toilet trained, and feeds himself with finger foods but can't bathe or dress himself. He is affectionate and wants to please.

The Jonses are willing to have John enrolled in the community center but think he shouldn't attend full days at first.

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Recommendations:

Mr. and Mrs. Jones have felt defeated by past recommendations of institutionalization as the only alternative for their child. Their expectations for him are very low and they need encouragement and guidance to explore his capabilities.

Participation in parent-teacher conferences will be urged along with followup at home of center goals and objectives.

The Joneses appeared interested when ABC was explained to themm.

7-7-71

Hedda Carmichael

HACpmr

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PSYCHOLOGICAL EVALUATION:

Purpose: The psychological Evaluation serves two purposes: to assess the intellectual and developmental functioning of the client for purposes of determining eligibility and program level, and to provide a basis for individual prescription and program planning.

Format: The form is left to the discretion of the psychologist.

Comments: It is essential to the development of a prescriptive plan that the psychologist address himself to more than just test scores. Areas needed to be covered are included on the sample letter of request. Observation of behavior during the test situation, cues picked up, and the clinical judgment of the examiner are extremely important in gathering this information and developing the report.

If an applicant has had a psychological evaluation within three years propr to application that meets the guidelines presented in the letter of request, a copy of that report will suffice as the initial psychological. An update will be required within three years of the time it was given.

BEST COPY AVAILABLE

COMMUNITY CENTERED PROGRAMS FOR
RETARDED AND SERIOUSLY HANDICAPPED PERSONS

MR. DEL V. DEEPLY:

I would like to request psychological evaluation for JOHN JONES.

The purpose of the psychological is to determine intellectual and developmental functioning as it relates to eligibility for program and individual prescriptive planning.

Besides the standard identifying information and IQ scores, please include the following areas of discussion. Attach test protocols or summary of subscores of each test administered.

- Evaluation of test results
    - Strong areas of development
    - Weak areas of development
- Evaluation of the test situation
    - Qualification of test scores
    - Informal observations noted
- Summary of information from other or previous psychological summaries
- Additional testing suggested
- Recommendations for amelioration of individual's needs.

Name Paula Revered

Date 7-2-71

Title Coordinator

PSYCHOLOGICAL EVALUATION

Name: JONES, JOHN Date: July 9, 1971

Psychologist: Del V. Deeply Birthdate June 13, 1967

Tests Administered:
- DDST
- ABS
- ITPA

The DDST and ABS were administered by both parent interview and personal observation.

Attempts were made to use the ITPA to determine PLA but were unsuccessful.

Psychological Background: There is no psychological history from which to to draw. Therefore, all judgments and recommendations have been made solely on this evaluation.

The room was quiet and John appeared to be quite comfortable. Mother was present during the entire test and also appeared cheerful and comfortable. Two sessions were used for a total of 2 hours and 15 minutes.

Results of the DDST: In the Personal and Social domains, he could perform simple tasks but unable to perform household tasks or remove his own clothes.

The Fine Motor Development domain indicated weaknesses that generalized to the entire set of tasks. John's motor system appears in tact and that these weaknesses appear to only be developmental.

Language domain: He was able to say 3 words other than mom and dad. He could point to one part of his body and name one animal picture but was unable to follow directions.

Gross Motor domain: Failures were noticed in the gross motor areas by failure of throwing ball overhand, balancing on one foot, jumping in place, and broad jumping.

Results of ABS: Development age appeared to be less than 2½ years old. John was unable to score above one standard deviation from the State norm in any of the areas of the ABS. Weaknesses as displayed by scoring one standard deviation below the State norms were noticed in Independent Functioning, Language Development, Number and Time Concept, Occupation-Domestic, Occupation-General, Self-Direction, Socialization withdrawal. The ABS scores were determined by questioning mother. It was felt that she did not overestimate or underestimate John's current ability level.

The behaviors of mother and John during the evaluation left reason to doubt the current scores actually reflected John's real ability. Mother was constantly trying to assist and prod John to perform and in two instances, actually moved his hand saying, "See, he can do it." When mother was asked to be more passive, John would pretend he was tired and was unable to continue indicating a lack of self-drive.

The primary plan in school should be for John to have consistent practice in following directions and trying new things. This should be the primary effort in the classroom for the next 3 months at which time John should be re-evaluated for determining level of program for him.

DVDpmh

BEST COPY AVAILABLE

STATEMENT OF RESPONSIBILITY:

Purpose: This form is used to clarify the relationship between the community center and the parent or guardian of the client. It also serves as a basis for discussion of the center's total program and how the parent can relate to it.

Format: The form used is printed, and each section is checked as it is read and discussed. The entire form is signed by the parent or guardian and witnessed.

Comments: Time should be taken to carefully explain and discuss each section of the statement. A clear understanding of the program goals at the outset can help to eliminate many problems which may arise at a later date. It is recommended that this form be filled out in duplicate, and that the parent or guardian be given a copy for their records.

BEST COPY AVAILABLE

STATEMENT OF RESPONSIBILITY

1. It is understood that due care and concern to the welfare of the child be given every respect by the directors and staff of this agency. It is agreed, however, that in any case of accident, injury or illness of the child named in this application, the officers, directors, and staff of this agency will not be held responsible. It is agreed that any directors or employees shall not be held liable for any injury to the child named in this application during the periods in which he or she is under the care of the agency, or during his or her traveling to the agency.

2. I agree to have the child named in this application examined by a properly registered physician annually or as recommended by this agency.

3. I understand it is necessary to provide the Colorado Department of Institutions, Division of Mental Retardation, certain statistical information necessary to provide leadership and direction for improvement of the welfare of all retarded and seriously handicapped individuals in the State of Colorado, and therefore, authorize this agency to allow the Division of Mental Retardation personnel to audit and collect information from the agency regarding the child named in this application.

YES NO

☑ ☐ 4. It is frequently desirable to take the students to see interesting things in the city or nearby area such as a public park, movie, museums, etc. Every effort will be made to provide for the safety of your child. Therefore, as a parent or guardian of the child named in this application, I am willing to have the child go on excursions under the supervision of this agency's regular personnel.

☑ ☐ 5. I authorize this agency to use a picture of my child named in this application to be used for the purpose of promoting interest in the welfare of retarded and seriously handicapped persons.

☑ ☐ 6. In the event of accident or sudden illness that this agency's authorities feel requires emergency treatment and I, other persons specified in the application, or the requested physician cannot be reached, do hereby authorize this agency to obtain the necessary emergency medical or hospital care. I further agree to assume the financial obligation incurred for such care.

☑ ☐ 7. I authorize this agency to manage that medication supplied by me and that such medication be accompanied by a current prescription by a physician who is lawfully registered to practice medicine in the state of Colorado. I understand that this agency's personnel are not responsible for the administration of the medication or any of its effect.

BEST COPY AVAILABLE

STATEMENT OF RESPONSIBILITY

Upon signing the Statement of Responsibility form, I have agreed to the above statements as indicated and can, at any time, question and rescind my permission should I feel in any way this agency and its personnel have not complied completely in the most professional and discrete manner.

Amelia Jones
Signature of Parent or Guardian

Sam Jones
Signature of Parent or Guardian

Date 7-1-71

Hedda Carmichael
Signature of Witness

Bett Co. Community Center
Address or Agency

RELEASE TO OBTAIN INFORMATION:

Purpose: To allow for signed permission from parents or guardians to request information from other agencies or professionals that have been involved.

Format: The form is printed and will be filled in and signed at the time the community center desires information from a specific agency or professional.

Comments: Information received by releases can provide more background information in understanding and meeting the needs of the enrollee. Information on the application, such as "APPLICANT EDUCATION AND TRAINING HISTORY," is helpful in indicating where a release form could be sent.

BEST COPY AVAILABLE

RELEASE TO OBTAIN INFORMATION

In order to better serve your child we would like to obtain information from other agencies that have been involved. The information received will be handled by the professional staff and will be given confidential treatment accorded such data.

I hereby authorize Belt County Welfare to release to Belt County Community Center any information concerning the development of my [✓ child] ward John Jones.

Amelia Jones Mother
Signature of parent or guardian Relationship

Sam Jones Father
Signature of parent or guardian Relationship

Date: 7-1-71

CS-7

BEST COPY AVAILABLE

ADMISSIONS AND EVALUATION COMMITTEE ACTION REPORT:

Purpose: To provide a written account of decision made by the Admissions and Evaluation Committee for or against admission of the applicant, assessment of needs and development of overall plan to meet the needs.

Format: The form is printed and is to be completed at the time of the Admissions and Evaluation Committee meeting.

Comments: The Admissions and Evaluation Committee begins the prescriptive plan for each enrollee. At the time of their meeting they will have in front of them the application, medical history, psychological evaluation, social summary, statement of responsibility, and information obtained by release (if appropriate or available). The multi-disciplinary committee will assess the needs of the applicant from this information and develop a plan with behavioral objectives, agency responsibility, parent responsibility, and expected growth level as a result of enrollment in program. These services will fall within any of the following areas:

- Diagnosis
- Information and Referral
- Evaluation
- Follow Along
- Treatment
- Personal Care
- Recreation
- Transportation
- Day Care
- Domiciliary Care
- Special Living Arrangement
- Training
- Education
- Sheltered Employment
- Protection
- Counseling

With this the committee may also make recommendations for services needed outside the program in which the applicant has been placed.

A date of the next review should be included which will be the date of the first staffing and case conference.

When it appears possible before the Admissions and Evaluation Committee that the applicant might be placed in program at a purchase of service agency, a representative of that agency should be asked to attend the meeting.

ADMISSIONS AND EVALUATION COMMITTEE ACTION REPORT

Applicant Name John Jones

Committee Participants: Name	Discipline Represented
Alvin Rich, M.D.	Medicine
Ethel Smart, PhD	Education
Catherine Rolfson, M.S.W.	Social Work
James Conzack, PhD	Psychology
Emma Helper, RN	Nursing
Robert Thompson	Voc. Rehab.

Recommendation for Programming: Yes X No

Program Name: Belt County Community Center

Area or Classroom: Preschool

Tentative date to be admitted: 7-19-71

Prescriptive Plan (Attach additional sheet if necessary):

Initial placement as noted with emphasis on self help skills and development of language skills. Evaluation by center staff on speech, gross and fine motor coordination, as well as educational evaluation prior to case conference.

Additional Services Needed:

Social work services to family including counseling of parents to encourage independent activities of child.

Staffing and Case Conference to be held on or before 9/1/71

7-12-71
Date

Alvin Rich M.D.
Signature of Committee Chairman

CS-8

EDUCATION AND TRAINING EVALUATION:

Purpose: To provide an annual report of progress in the program area according to the prescriptive plan and goals set from previous evaluation. The report is also to be used for future plans and goals.

Format: The form used is left to the judgment of the teacher preparing the evaluation. The heading on the form should contain information as indicated on the sample provided.

Comments: The evaluation should include as part of each area discussed the levels of development, gaps or deficiencies, specific shortterm behavioral goals, and recommendations for future plans to meet the unmet needs of the enrollee. The evaluation should also include evaluation devices used, interpretation, and date completed. Areas for evaluation and establishment of shortterm behavioral goals are:

Self help skills
Motor skills, functional motor (Gross and fine)
Communication skills (Receptive and expressive)
Socialization skills (Related to home, community, and school environments)
Practical skills (Prevocational and vocational performance)
Basic knowledge (Academic abilities)

Attached to the report should be evaluation protocols, summaries of test subscores, and actual work samples of the enrollee.

INITIAL EDUCATION AND TRAINING PLAN

NAME: JONES, JOHN BIRTHDATE: June 13, 1964

CLASS LEVEL: Pre-School TEACHER Joy Trainer

DATE OF REPORT July 25, 1971

John is quite apathetic towards the classroom environment. He is extremely immature and dependent.

When he entered the classroom, he just stood around waiting to be physically moved toward activities.

Short term plans will include:

1) Individual sessions with the occupational therapist, language perceptual motor development specialist, behavior modification specialist and teacher aide for a period of three months.

2) The social worker will work with the education team and consult with parents to insure more stimulation and carry over in the home setting.

3) At the end of three months, John will be included in group therapy sessions.

SELF-HELP OBJECTIVES

1) At the end of three months, John will:

    a. independently take off his coat, hang it up in his assigned place,

    b. recognize his coat and put it on with minimal assistance.

2) Recognize and put on his shoes 80% of the time independently after gym class.

3) He will independently drink from a cup, use a spoon for liquids with minimum spills after ten training sessions.

4) John will wash and dry his hands independently when asked by the end of one month of training.

5) At the end of three months, John will manipulate clothing in the toilet room, urinate, and flush the toilet 70% of the time the need arises.

6) John will brush his teeth with minimal supervision after lunch each day.

ACTIVITIES

John will be programmed with an O. T. ½ hour each morning on a one-to-one basis for three months. He will be instructed as to where to hang his coat, place tooth brush, location of toilet facilities and how to manipulate buttons and zipper.

Future planning will take place at the end of three months, at which time John will be able to work in group situations.

Evaluation: Teacher made checksheets, staffings and observation reports.

LANGUAGE PERCEPTUAL-MOTOR DEVELOPMENT

John will be programmed with speech therapist on a one-to-one basis for 15 minutes in the morning and 15 minutes in the afternoon for a period of three months.

OBJECTIVES

1) John will identify body parts by pointing on command and 70% of time without being cued.

2) By the end of three months, John will balance himself on one foot for 5 seconds.

3) John will repeat action words as he physically performs given tasks while prone on the mat 60% of the times attempted.

4) He will stack 5 blocks without assistance during therapy session by the end of 10 sessions.

5) John will complete a physical maze series (to be prescribed by therapist) in 5 minutes with minimum assistance at the end of three months.

ACTIVITIES

Prescribed program using language perceptual-motor development and operant behavior.

Evaluation: Observation checksheet of development of pre-school and primary children and Adaptive Behavior Scale.

BASIC KNOWLEDGE

John will be given some individual work along with regular classroom training so that he will respond 50% of the time to specific directions physically and verbally.

ACTIVITIES

The activities in basic knowledge will include color recognition, name recognition, manipulation of crayons and finger paints and group games, sensory training, music activities to develop body rhythm patterning.

Evaluation will consist of staff consensus, checksheets and the Adaptive Behavior Scale.

SOCIAL DEVELOPMENT

John will be programmed twenty minutes per day with behavior modification specialist to develop social participation in school situation. At the end of three months, his attention span will have been increased by at least five minutes, he will volunteer to assist others in the classroom and his overt apathy will be eliminated.

ACTIVITIES

Activities will include system of countoons, immediate rewards for performance in prescribed behavior modification programs as set by the specialist.

Evaluation will consist of charting behaviors, staff consensus and Adaptive Behavior Scale.

JTpmh

ANNUAL PROGRESS REPORT

NAME: JONES, JOHN BIRTHDATE: June 13, 1964

CLASS LEVEL Pre-School TEACHER Joy Trainer

REPORT DATE: May 28, 1972

John made sufficient progress during the first three months of attendance which warrants his being programmed in small group therapy sessions.

SELF-CARE

1) John can independently unbutton, take off and hang up his coat. He can put his coat on and independently button it.

2) John recognizes his shoes 100% of the time and puts them on with occasional error as to right and left.

3) John drinks independently from a cup, water fountain and can use a straw.

4) John can wash his hands independently but continues to need some help in getting them dry.

5) John is independent in toileting. He over achieved the 70% times of the objective to 100% of the time.

6) He brushes his teeth independently and without prompting.

FUTURE PLANS

Continue with self-help training:

1) John will be able to completely dress himself properly for any season.

2) To eat with proper utensils, with minimal spilling in public and at home.

3) Prepare simple meals independently.

4) Begin training in self-bathing.

5) Implement program on health, safety, and community mobility.

LANGUAGE, PERCEPTUAL-MOTOR

1) John identifies body parts without cues only 50% of times when directed. The original goal was set at 70% of the time.

Future plan in this area should include more verbal response, spatial relationship of extremities, and 100% success in body part identification without cues.

2) John can balance himself on one foot for 5 seconds only 25% of the times tried. He seems to have a confused dominance.

3) John repeats action words as he performs on the mat after several promptings about 10% of the times directed.

Future plan is to change behavior modification techniques until a suitable reward system is identified.

4) John demonstrated ability to stack 5 blocks after 5 training sessions. He should be given training in copying block patterns to develop eye hand coordination further.

5) John can complete the physical maze series in 8 minutes. He needs help when the task involves balance. He fails in the maze when speed is emphasized.

Future plan to include further training in the language, perceptual-motor development on an individual basis.

Consultation with parents so that this type of training will be extended to his home setting.

BASIC KNOWLEDGE

John responds physically to directions about 80% of the time. He verbalizes only about 30% of the time. He does match colors on command 100% of the time but verbalizes only "red, black, and blue." He makes no effort to verbalize other colors.

He manipulates large crayons for erratic scribbling of very small circles, he cannot use a pencil without gouging the paper.

John recognizes his name in manuscript form but not in cursive form.

He tends to shy away from group games involving speed.

Sensory skills are erratic. He is inconsistent in his recognition of odors, discriminates between 'hot' and 'cold' water but he refuses to turn on water taps. He shows confusion in locating sound direction and is inconsistent in discriminating "sweet-sour" tastes.

Future plan to include a complete hearing evaluation, and a program according to findings.

John attempts to verbalize counting to three, but usually holds up fingers. He does recognize written numbers from one to three but makes no attempt to write numbers.

SOCIAL DEVELOPMENT

John's attention span has increased from 2 to 5 minutes. However, it has on occasion, been as long as 15 minutes during music class.

It is recommended that music be used in behavior modification as a reward.

He does not volunteer any help to peers, and only occasionally to the teacher.

He responds to greetings from peers by smiling or waving. He has not volunteered any greetings.

He is still a "loner".

Future plan: Create social activities for John to lead. Therapist and teachers will set up role playing from observations of John's successful responses.

Evaluation: Daily check sheets, and weekly staffing for program modification.

JTpmh

BELT COUNTY COMMUNITY CENTERED BOARD
ANYTOWN, COLORADO 80000

OBSERVATION SHEET OF DEVELOPMENT OF PRESCHOOL AND PRIMARY CHILDREN

Name John Jones

Teacher Joy Trainor

Date entered July 5, 1971

KEY: I= Independence; NH=Needs Help;
DN=Does not do; NO=No Opportunity;

	Enter date of each evaluation						
SELF-CARE	7-1-71	10-11-71	5-28-72				
Clothing							
Takes off coat	NH	I	I				
Puts on coat	NO	NH	I				
Hangs up coat	NO	I	I				
Fastens buttons (front)	NO	NH	I				
Fastens zipper	NO	DN	NH				
Slides zipper	NO	NH	I				
Takes off boots	NO	NH	I				
Puts on boots	NO	NH	NH				
Fastens belt	NO	NH	NH				
Laces shoes	NO	DN	NH				
Ties shoes	NO	DN	NH				
Buckles shoes	NO	NH	I				
Put on shoes	NO	I	I				
Takesoff cap	NH	I	I				
Putson cap	NH	I	I				
Hangs up hat or cap	NO	I	I				
Hangs up clothing on removal	NO	NH	NH				
Knows own clothing	NH	I	I				
Wear suitable clothing	NO	NH	NH				
Dresses self completely	NO	NH	NH				
EATING							
Feeds self using fingers	I	I	I				
Drinks from cup	NH	I	I				
Drinks from bubler or fountain	NO	NH	I				
Drinks with straw	NO	I	I				
Uses spoon for solids	DN	I	I				
Uses spoon for soup	NO	I	I				
Uses Fork	NO	NH	I				
Uses knife to spread	NO	NH	I				
Uses knife to cut food	NO	NH	NH				
Uses napkin	NH	I	I				
Eats sandwich	NH	I	I				
Eats fresh fruit	I	I	I				
Eats fresh vegetables	I	I	I				
Eats with a minimum of spills	NO	NH	I				

OBSERVATION SHEET OF DEVELOPMENT OF PRESCHOOL AND PRIMARY CHILDREN

	Enter date of each evaluation							
	7-1-71	[illegible]	5-25-72					
PERSONAL CLEANLINESS								
Washes hands	DN	1	1					
Dries hands	DN	NH	NH					
Washes face	NO	NH	1					
Recognizes need for washing	DN	1	1					
Washes on command	DN	1	1					
Uses kleenex	DN	NH	NH					
Covers sneezes, coughs	DN	NH	NH					
Brushes teeth	DN	NH	1					
TOILET								
Recognizes need	[	1	1					
Goes alone	NH	1	1					
Uses toilet paper	NO	NH	1					
Flushes toilet	NH	1	1					
Disarranges clothing only after entering toilet room	NO	1	1					
For Boys								
Stands up	NH	1	1					
Lifts seat	NO	1	1					
Directs flow	DN	1	1					
LANGUAGE DEVELOPMENT								
Oral								
Responds to name	1	1	1					
Obeys simple commands	NH	1	1					
Names objects on sight	DN	NH	1					
Uses simple sentences	NO	DN	NH					
Repeats words in response to stimuli	DN	1	1					
Recognizes basic colors	NO	1	1					
Recites name	NH	1	1					
Recites address	NO	NH	NH					
Recites parents name	NH	1	1					
Recites telephone number	NO	NH	NH					
Communicates needs	NH	NH	1					
Count to 5 by rote	DN	NH	1					
Count to 10 by rote	DN	NH	NH					
IDENTIFIES BODY PARTS								
Head	1	1	1					
Trunk	DN	1	1					
Arms	NH	1	1					
Legs	NH	1	1					
Feet	NH	1	1					
Right and left	NO	NH	NH					
Face	NH	1	1					
Eyes	NH	1	1					
Nose	NH	1	1					
Mouth	1	1	1					
Ears	NH	1	1					

OBSERVATION SHEET OF DEVELOPMENT OF PRESCHOOL AND PRIMARY CHILDREN

	Enter date of each evaluation						
	7-1-71	10-11-71	5-28-72				
Recognizes coins	NO	/	/				
Knows value of coins	NO	NH	NH				
PHYSICAL DEVELOPMENT							
Walks alone	/	/	/				
Walks upstairs one step per tread	NH	/	/				
Walks downstairs one step per tread	NH	/	/				
Balances on one foot	DN	NH	/				
Walks backward	NO	NH	NH				
Walks on balance beam	NO	NH	NH				
MANIPULATION							
Balance Board	NO	DN	NH				
Throws ball	NO	NH	/				
Catches ball	NO	NH	NH				
Bounces ball	NO	NH	NH				
Kicks ball	NO	NH	NH				
Paints -finger	NO	DN	DN				
Paints with brush	NO	NH	NH				
Paints at easel with minimum spills	NO	NH	NH				
Handles modeling clay	NO	DN	NH				
Models objects from clay	NO	NH	NH				
Uses crayonsfor drawing	NO	NH	/				
Uses crayons for coloring	NO	NH	NH				
Crayons within lines	NO	DN	NH				
Uses paste correctly	NO	DN	NH				
Cuts with scissors	NO	NH	NH				
Cuts on line	NO	DN	DN				
Cuts out objects	NO	DN	NH				
Uses pencil for scribbling	NO	NH	NH				
Uses pencil for drawing	NO	NH	NH				
Uses pencil for following mazes	NO	NH	NH				
Uses pencil for writing	NO	DN	DN				
Stacks 5 blocks	NO	/	/				
Copies 5 block pattern	NO	NH	/				
Strings beads	NO	NH	/				
String beads to pattern	NO	NH	NH				
Arranges small items with thumb and fore finger	NH	/	/				
Turns water taps on and off	NO	DN	DN				
SENSORY							
Identifies olfactory odors	NO	NH	NH				
Recognizes "cold"	NH	/	/				
Recognizes "hot"	NH	/	/				
Recognizes direction of sound	NH	NH	NH				
Discriminates "sweet-sour" taste	NO	NH	NH				

OBSERVATION SHEET OF DEVELOPMENT OF PRESCHOOL AND PRIMARY CHILDREN

	Enter date of each evaluation						
	7-8-71	10-11-71	5-24-72				
Identifies primary colors	NO	1	1				
SOCIAL DEVELOPMENT							
Behavior *							
Attention span 3 minutes or less	Y	Y					
Attention span 4 minutes or more	N	N	Y				
Conforms to routine	A	A	Y				
Friendly to other children	A	A	A				
Accepts teacher as leader	A	A	Y				
Controls actions with parents	Y	Y	Y				
Controls actions with teacher	A	A	Y				
Controls actions with peers	A	A	A				
Controls in public	A	A	A				
Accepts responsibility	A	N	N				
Does simple errands	N	N	N				
Helps others in room	N	N	N				
Respects flag	A	Y	Y				
Respects rights of others	A	Y	Y				
Takes proper care of school materials	Y	Y	Y				
Greets others	A	N	Y				
Respond to greetings	A	A	Y				
Eats quietly and politely	Y	Y	Y				
Waits his turn	A	A	A				

*Y=Yes; N=No; A=Apathetic

COMMENTS: 10-11-71 - John has made sufficient progress so that he no longer needs individual therapy sessions. He should be included in all group activities.

REHpmh

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STAFFING AND CASE CONFERENCE REPORT:

Purpose: To provide an account of the evaluation of the current prescriptive plan by members of the center staff and other individuals working with the enrollee.

Format: The form is printed and is to be filled in at the time of the conference.

Comments: To be included in the report are an evaluation of the current plan, necessary changes in the short and long term behavioral goals previously outlined, list of new specific behavioral goals, determination of role responsibilities, personnel required to reach the specific behavioral goals and organized timelines in which to meet the still unmet needs of the individual. Plans and behavioral objectives must be specific enough so that program effectiveness for an individual can be measured.

Under #5 of the Prescriptive Plan, "Services Needed," will fall within any of the following areas:

Diagnosis
Information and Referral
Evaluation
Follow Along
Treatment
Personal Care
Recreation
Transportation
Day Care
Domiciliary Care
Special Living Arrangement
Training
Education
Sheltered Employment
Protection
Counseling

At the first case conference on an enrollee, the Admissions and Evaluation Committee Action Report should be available for review of the prescriptive plan. The current Case Conference Report will be used thereafter.

The current Education and Training Evaluation will be useful for discussion at each conference.

STAFFING AND CASE CONFERENCE REPORT

Name: John Jones

Date of Conference: 8/16/71

Conference Participants:

Name	Discipline Represented
Elizabeth Arden	Head Teacher
Alice Overson	Speech Therapist
Hedda Carmichael	Social Worker
Joy Trainer	Primary Teacher
Amy Bender	Occupational Therapist

- -

List of resource materials, test, and evaluations used in the conference:

ABS, ITPA, Speech Eval., O.T. Evaluation, Educational Evaluation

- -

Prescriptive Plan:

1. Current Behavioral Goals:
   a. Long Term
      Acquisition of self-help skills
      Adjustment to classroom situations
      Relate to peers

   b. Short Term
      Be able to dress, undress
      Be able to communicate needs verbally
      Be able to feed self using utensils
      Know name, parents' name, address, telephone
      Be willing to share

2. Evaluation of Current Plan:
   Initial evaluation conference - no prior plan other than initial placement recommendations.

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3. Changes in Behavioral Goals:

None at this time, since student has only been in program for one month.

4. Revision of Plan of Services:

Continuation of placement in primary class with addition of perceptual-motor program and concentrated efforts on self-help skills development.

5. Services needed:

Placement in perceptual-motor program
Continuation in primary class
Social work services

6. Date of next review 3/15/72

PARENT-TEACHER CONFERENCE REPORT

Purpose: To provide an account of parent-teacher communication about center program. It can also serve as a guide to the social worker for follow-up needed at home.

Format: The format used is left to the discretion of the teacher.

Comments: The report should include, but not be limited to the following areas of discussion:

Parent attitude toward program
Parent cooperation in follow-up of school program at home
Parent concerns
Parent attitude toward goals and objectives provided through assesment
Conference content

The current Education and Training Evaluation should be discussed with the parent or guardian at the time of the conference.

PARENT-TEACHER CONFERENCE REPORT

Name: John Jones
Date: October 7, 1971

Both Mr. and Mrs. Jones came to the center for the conference.

The Jones' stated that it is hard for them and their other children to adjust to the totally new approach of encouraging John to do more for himself. At the same time they are frustrated by trying to determine what limits to set and what expectations to hold. They mentioned that the social worker had been visiting with them regularly to assist in working out these problems.

Since the parents were mainly concerned about how to provide the proper stimulation at home, most of the conference time was spent in a thorough explanation of the community center goals and objectives for John. The purpose and function of the prescriptive plan as well as the Education and Training Evaluation of 7-25-71 were reviewed at the conference. The Jonses were given specific guidelines for continuing the program training at home.

The Jonses stated their appreciation of the opportunity for John to attend the community center. They appear genuinely devoted to affording John the opportunities that will allow him to become a more functional member of the family and the community. They want John at home and state that they would never consider institutionalization.

Joy Trainor, Teacher

PARENT-TEACHER CONFERENCE REPORT

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Name: John Jones
Date: May 15, 1972

Mr. and Mrs. Jones came to the center for the scheduled conference.

The Jonses were eager to relate the progress that they had seen in John this year. They had used the guidelines given in the previous conference and noted that these were not as difficult to implement as they had thought. They could see that it was largely a matter of raising another child as opposed to strictly giving custodial care.

The Jones family will be moving to Denver shortly and inquired about programs there. Mr. Jones is to recieve training through Voc. Rehab in Denver. Hedda Carmichael, Social Worker, will arrange an appointment for them with the Division of Mental Retardation Social Worker. The Division of Mental Retardation Social Worker will contact the Denver Board to see if a slot is available. She will also arrange for the transfer of appropriate intake and educational information, with signed release, from Belt County to Denver. The Division Social worker will follow through until John is enrolled in the Denver program.

Joy Trainor, Teacher

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ENROLLMENT HISTORY:

Purpose: To provide an overview of the training history of each enrollee.

Format: The form is printed and entries are made by the teacher.

Comments: Each line represents a single entry. The entries are to be made at the conclusion of a regular school year or when the individual is placed in another area or classroom.

The program emphasis should match the prescriptive plan.

If the ancillary services listed are not provided for the entire school year, the dates of service should be noted.

"Inclusive Dates" relate to the period of time the individual is placed in the area or classroom denoted in column one.

This form offers major assistance in the concern for accountability. It provides a procedure to indicate progress of the individual and, coupled with comparisons of skill growth, can be used to determine efficiency and effectiveness of program provided.

ENROLLMENT HISTORY

Name: JONES, JOHN

Age Entered Program: 7 Yrs.; 1 Mos. Date Entered Program 7/17/71

Area or Classroom Placement	Teacher, Clinician, or Supervisor	Total Days Absent Excused-Unexcused	Program Emphasis	Ancillary Services (Sp. Th., etc.)	Inclusive Dates From - To
Pre-school	Trainor	5-excused	Self-Help	Sp., Th., OT., Social Work	7/19/71 - 5/29/72

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CUMULATIVE INCIDENT REPORT:

Purpose: To provide for an account of any accident, seizure, behavior, or illness of an enrollee while at the community center or participating in any center sponsored activity.

Format: The form is printed and an entry is made when an incident occurs.

Comments: The description should include, when necessary, witness information, what precipated the event, extent of injury, manner in which incident was handled, etc. The cumulative report should indicate any pattern of incidences which will help in devising the most effective measures to be taken.

CUMULATIVE INCIDENT REPORT

Name: JOHN JONES

Date	Description of Incident	Adults Responsible or in Attendance
9/16/71	FELL AND SCRAPED HANDS ON PLAYGROUND GREEN SOAP AND BANDAGE APPLIED	MRS. TRAINOR
2/11/72	RAN INTO DOOR, NOSE BLEED APPLIED COMPRESS AND PUT ON COT UNTIL STOPPED	MRS. TRAINOR

TERMINATION AND REFERRAL FORM

Purpose:

a. To allow for formal closure on an enrollee when he is removed from a community center roll.

b. To have record of the new agency serving the enrollee for the purpose of follow-up.

c. To provide a means of formal referral by the community center of an enrollee to the local Department of Public Welfare if Title 45 eligibility is probable.

d. To provide a system of referral to another agency more appropriate to meet the individual's needs.

Format: The form is printed and may be completed by the head teacher, director, or social worker at the time of termination or referral.

Comments: The need for termination information can occur when other interested agencies or parties request information on the enrollee. An accurate record of termination information will facilitate the relay of such information.

A record of formal referral to the local Department of Public Welfare, on file with both agencies, documents the request to that agency for determination of Title 45 eligibility.

A funding section of the form should be filled out only when the individual is being terminated or referred to a sheltered workshop in the same area.

ENROLLEE TERMINATION AND REFERRAL FORM

I. Name John Jones

Address 123 Main (Street) Anytown (City) Belt (County) 80000 (Zip)

II. Name of School Belt County Community Center

III. Level: Pre-school X Day Care Center ___

Work Activity ___ Sheltered Workshop ___

IV. Termination ☒ Referral ☒ (may be both)

V. Status Change or Referral: Effective Date 6-5-72

a. To another Community Center Board X
b. To program in another State ___
c. To office of Vocational Rehabilitation ___
d. To State Institution ___
e. Public Welfare ___
f. Workshop ___
g. Other ___

Reason for Change or Referral: Family moved to Denver due to father's entering training under Vocational Rehabilitation.

Address of new agency: Denver Board

Date 5-29-72

Paula [illegible]
Coordinator's Signature

[illegible] H. [illegible]
Board President's Signature

TO BE SENT TO DIVISION OF MENTAL RETARDATION

Funding: Title 45 ☒ Other ☐

CS-16

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SPECIAL AUTHORIZATIONS:

Purpose: To allow for signed permission from parents or guardians authorizing immunizations, or psychological testing, release of information to other agencies, and out-of-town field trips.

Format: The forms are printed and will be filled in and signed at the time immunizations or psychological testing is needed and at the time information is to be sent to another agency.

Comments: The purpose of each special authorization should be thoroughly discussed with the parent or guardian at the time the request for signature is made.

I authorize ______________________________ (agency) to release case study information to ___________________________ (agency).

____
Signature of Parent or Guardian

____
Date

CS-12

- -

I authorize ________________________________(agency) to do additional psychological testing as needed.

____
Signature of Parent or Guardian

____
Date

CS-13

I authorize ______________________________(agency) to include my child, _____________________ in the immunization program for control of _______________________ disease by a State-Certified agency.

____
Signature of Parent or Guardian

____
Date

CS-14

- -

PERMISSION SLIP

To Parents or Guardian of ____________________________________

An excursion to ___________________________ is planned for

________________ by school bus ☐

public transportation ☐

privately owned vehicle ☐

I request that ___________________________ be allowed to take this trip and understand and agree that said community center and its respective agents and employees shall not be liable in the event an accident should occur in connection with such trip.

__________________ (Date)

_________________________ (Signature of Parent or Guardian)

CS-15